

Tips for improving treatment efficiency*

For members undergoing physical, occupational or speech therapy

Providers have shared the practices listed below as opportunities for reducing unnecessary visits.

Medical necessity

- **The member's needs determine medical necessity.** The physician's prescription for therapy frequency and duration is one of the factors considered in determining medical necessity. The member's clinical presentation and specific needs are the primary factors considered.
- **Review medical necessity regularly.** Complete a review of continuing medical necessity at least every 30 days. This allows you to assess how the member is responding to therapy.

Scheduling visits

- **Members have different needs.** Evaluate and determine each member's specific needs. Members with the same or similar diagnoses have different needs based on their own circumstances. Avoid following "cookbook" protocols.
- **Once or twice a week may work.** Many members do not need therapy three times a week. Members may be seen once or twice a week as they work toward their goals following a comprehensive home program.
- **Let progress determine frequency.** Do not schedule an entire series of visits at a set frequency. Instead, determine the date of the member's next visit based on the member's progress after each visit. Set goals for the member's next visit during each therapy appointment.
- **Decrease frequency during strengthening and stretching phase.** Strengthening and stretching take time. After instructing the member in a strengthening and flexibility home program, allow time for the member to work on the exercises. The intensity of care should be decreased during this phase. Often the member needs to be seen only once or twice a week to update the home program.

Passive-motion program

- **Passive motion can be taught.** Passive-motion exercises can be taught to a family member or other caregiver. After providing a home program in passive motion, check with the member once or twice weekly to monitor progress.
- **Reduce passive motion.** Reduce or eliminate passive modalities after the acute phase of therapy.

Members' independent work

- **Responsibility for success.** Let members know they will be responsible for the success of their therapy program. Inform members of their responsibilities and reinforce them at each visit or as necessary. Have the member demonstrate the home program at each visit to ensure that it is being done correctly and that the member is compliant.
- **Warming up is not billable.** Using a bicycle or treadmill to warm up prior to treatment is not skilled care and should not be a billed procedure. The member can usually be taught to do warm-up exercises independently.
- **Independent exercise can be done independently.** Once a member is able to complete an exercise safely, make it part of the member's independent program. Time spent exercising independently is not reimbursable.
- **Eliminate repetitive exercise.** Eliminate repetitive exercise. The member should do this independently.
- **Long-term modality can be done at home.** For members who need a long-term modality such as electrical stimulation, paraffin wax, contrast baths, etc., instruct them in this for home use.
- **Return to sports is not a benefit.** Remember that returning the member to sports activities is not a covered benefit. Provide the member with a progressive home program to address this advanced rehabilitation.
- **Instruct the member about edema reduction and pain management.** Instruct the member who is in a home program about edema reduction and pain management.

*The tips and references shown here are provided by Landmark Healthcare, Inc. Landmark is contracted with Blue Care Network to provide care management for members receiving physical, occupational and speech therapy services in office and outpatient settings, including outpatient hospital settings. For additional information, go to ereferrals.bcbsm.com and click on *Outpatient PT, OT, ST*.

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References – for additional information

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