

Tips for improving treatment efficiency, for members undergoing physical therapy

For Medicare Plus BlueSM PPO members
For BCN HMOSM and BCN AdvantageSM members

The tips and references shown here are provided by eviCore healthcare.

Providers have shared the practices listed below as opportunities for improving practice patterns.

Medical necessity and patient-focused care

- **The member's needs determine medical necessity.** The member's clinical presentation and specific needs are the primary factors considered when determining medical necessity. The physician's prescription for therapy frequency and duration is another factor considered in determining medical necessity.
- **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 don't need therapy three times a week. They may be seen once or twice a week as they work toward their goals following their comprehensive home program.
- **Let progress determine frequency.** Don't schedule an entire series of visits at a set frequency. Instead, determine the date of the member's next visit based on progress after each visit. Set goals for the 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 him or her 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 and passive modalities

- **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 modalities.** Reduce or eliminate passive modalities after the acute phase of therapy.

Members' independent work

- **Responsibility for success.** Let members know they'll 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's being done correctly and that the member is compliant.
- **Warming up isn't billable.** Using a bicycle or treadmill to warm up prior to treatment isn't skilled care and shouldn't be a billed procedure. The member can usually be taught to do warm-up exercises independently.
- **Independent exercise can be done without skilled supervision.** Once a member is able to complete an exercise safely, make it part of his or her independent program. Time spent exercising independently isn't reimbursable.
- **Eliminate repetitive exercise.** Eliminate repetitive exercise under skilled supervision. 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 or contrast baths, instruct them in this for home use.
- **Return to sports generally isn't included in the benefit.** Remember that returning the member to sports activities doesn't usually require skilled care. Provide him or her with a progressive home program to address this advanced rehabilitation.
- **Instruct the member about edema reduction and pain management.** Instruct the member in a home program for edema reduction and pain management.

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