

Section 85 Physical Therapy Implementation and Audit Criteria

MCBM Reference	Item:			Documentation
85.04 Eligibility for Care	Are services medically necessary rather than academic?	Y _____	N _____	
	Are services ordered by properly licensed practitioner of the healing arts (LPHA)?	Y _____	N _____	(ORRF)
85.09-1 Qualified Professional Staff	Is there written evidence from appropriate governing body that the professional staff is conditionally, temporarily, or fully licensed?	Y _____	N _____	(Copies of licenses)
	A. Physical Therapist	Y _____	N _____	Lumea
	B. Physical Therapist Assistant	Y _____	N _____	Lumea
85.09-2 Records	Is there an individual record for each eligible student?	Y _____	N _____	
	A. Does the record include Name, DOB, Medicaid ID #?	Y _____	N _____	IEP/Lumea
	B. Is there social and medical history information?	Y _____	N _____	IEP
	C. Is there an appropriate evaluation and medical diagnosis ?	Y _____	N _____	Report
	D. Is there a personalized plan of service * which includes:			
	1. Type of PT needed?	Y _____	N _____	IEP
	2. How the service can be delivered and by whom?	Y _____	N _____	IEP
	3. Frequency and duration of services?	Y _____	N _____	IEP
4. Long and short range goals?***	Y _____	N _____	IEP/MCDF	
5. Plans for coordination w/ other agencies for service delivery?	Y _____	N _____	IEP	
6. Practitioner of the Healing Arts order	Y _____	N _____	ORRF	
7. The signature of the LPHA who developed it?***	Y _____	N _____	MCDF	

Diagnosis and Plan of Service are key elements to demonstrate medical necessity.

***Crosswalk information from DHHS indicates that the IEP contains all but two elements of the Plan of Service for OT Services:**

****The MaineCare Documentation Form can be used for short term goals and sign off by LPHA developing the plan of service.**

Procedural recommendation: Therapist should make a copy of his/her service page in the IEP and staple it to the MaineCare Documentation form;



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Item:

write in short term goals in the plan of care section on the MCDF; and sign, date, and credential the form at the top to coincide with IEP start date.

*****While a signature of the LPHA is not specifically required in 85.09-02, the MCDF is included in the Chapter III explanation of a TM modifier.**

MCDF guidance requires the signature of the LPHA that developed the plan of service on the form.

Is there a written **progress note** showing:

- | | | | |
|--|---------|---------|-------|
| 1. The date of the service given? | Y _____ | N _____ | Lumea |
| 2. The nature of the service performed? | Y _____ | N _____ | Lumea |
| 3. Start time, stop time, total time spent delivering service? | Y _____ | N _____ | Lumea |
| 4. Progress toward long and short range goals? | Y _____ | N _____ | Lumea |
| 5. Signature of the individual performing the service? | Y _____ | N _____ | Lumea |
| 6. Whether service was individual or group? | Y _____ | N _____ | Lumea |
| 7. Full account of unusual condition/unexpected event?**** | Y _____ | N _____ | Lumea |

******The account should include the date and time when the unusual condition/unexpected event was observed and the name of the observer**