

Physical Therapy Services Quality Assurance Review

Review Period:	Student: <input style="width: 90%;" type="text"/>
Provider: <input style="width: 90%;" type="text"/>	Medicaid #: <input style="width: 90%;" type="text"/>
Date: <input style="width: 90%;" type="text"/>	Reviewer: <input style="width: 90%;" type="text"/>

Save Data	Return	Delete This Record
---------------------------	------------------------	------------------------------------

	REFERRAL	MET	COMMENTS/RECOMMENDATIONS
1.1	Is there a written referral for services signed by a physician or other Licensed Practitioner of the Healing Arts (LPHA)?	Yes	
1.2	Is the referral dated prior to the initial provision of service?	Yes	
1.3	Was the referral updated before the annual renewal of the IEP?	Yes	
1.4	Was the referral dated before the evaluation/reevaluation?	Yes	
1.5	Was the referral obtained from a LPHA other than the direct provider of services?	Yes	
1.6	Is the referral clearly documented in the clinical record with the signature, date and title of the provider?	Yes	

	EVALUATION	MET	COMMENTS/RECOMMENDATIONS
2.1	Is there a current evaluation/reevaluation report with the provider's signature, date, title and recommendations in the client's file?	Yes	
2.2	Is the evaluation/reevaluation dated after the referral?	Yes	
2.3	Is the evaluation/reevaluation dated before IEP/IFSP/ITP?	Yes	
2.4	Did the evaluation/reevaluation result in development of an IEP/IFSP/ITP?	Yes	
2.5	If the evaluation/reevaluation does not indicate the need for services, are the findings noted on the IEP/IFSP/ITP evaluation/reevaluation instrument or clinical service notes?	Yes	
2.6	Does the evaluation/reevaluation medically justify the need of service and is the required diagnostic testing attached?	Yes	

	SUPERVISION/UNDER THE DIRECTION OF	MET	COMMENTS/RECOMMENDATIONS
--	------------------------------------	-----	--------------------------

3.1	If the staff who wrote the Clinical Service notes required supervision, were the notes co-signed by his/her supervisor?	Yes	
3.2	If the services are provided by a PT Assistant, is there evidence of supervision by a Licensed Therapist?	Yes	
CLINICAL RECORDS		MET	COMMENTS/RECOMMENDATIONS
4.1	Are clinical records arranged logically so that the information can be easily reviewed, copied, and audited?	Yes	
4.2	Is there a Consent/Release of Information Form signed by the child's parent or guardian authorizing the release of any medical information necessary to process Medicaid claims and requesting payment of government benefits on behalf of the child?	Yes	
TREATMENT PLAN		MET	COMMENTS/RECOMMENDATIONS
5.1	Is there a current and valid IEP or IFSP that identifies the need for Physical Therapy?	Yes	
5.2	Is the IEP/IFSP/ITP completed, signed and dated by the Physical Therapist, or is there a signed supplemental statement in the file?	Yes	
5.3	Does the IEP/IFSP/ITP specify the exact service the child should receive (i.e., individual or group)?	Yes	
5.4	Is the frequency of the service delivery and estimated duration of treatment listed?	Yes	
5.5	Are the needs identified individualized and goal/outcome oriented?	Yes	
5.6	Are the goals listed on the IEP/ITP or IFSP?	Yes	
5.7	Are the goals based on an assessment of child's current needs and level of functioning for the plan of care?	Yes	
CLINICAL SERVICE NOTES		MET	COMMENTS/RECOMMENDATIONS
6.1	Does the clinical service note provide a pertinent clinical description of the activities that took place during the session, including in narrative format an indication of the child's response to treatment as related to stated goals listed in the IEP, IFSP, or ITP?	Yes	

6.2	Does the clinical service note reflect delivery of a specific billable service as identified in the physician's and LPHA's referral and IEP, IFSP and the ITP?	Yes	
6.3	Do the services rendered correspond to billing as to date of service, type of service rendered, and length of time of service delivery?	Yes	
6.4	Is the documentation sufficient to support the number of units billed to Medicaid?	Yes	
6.5	Is each clinical service note individualized and patient specific? Does each entry stand on its own and not include arrows, ditto marks, etc?	Yes	
6.6	Is each entry legibly signed and dated with provider's name or initials, and professional title?	Yes	
6.7	Is each clinical service note individualized with patient's level of participation and response to intervention when documenting group services?	Yes	
6.8	Are entries filed in the child's clinical record in chronological order by discipline?	Yes	
6.9	Are errors corrected in an acceptable manner?	Yes	
6.10	Is the documentation legible and, if written, in dark ink?	Yes	
PROGRESS SUMMARY NOTES		MET	COMMENTS/RECOMMENDATIONS
7.1	Are summaries of progress completed every three months from the start date of treatment?	Yes	
7.2	Does each summary of progress address the child's attendance, progress made, and appropriateness of services and continued need for treatment?	Yes	
7.3	Does each summary of progress contain the therapist's signature, title and date written?	Yes	
GENERAL		MET	COMMENTS/RECOMMENDATIONS
8.1	Is the credentials file available and updated regularly?	Yes	
8.2	Are a signature sheet (if initials were used in the notes) and an abbreviation key available?	Yes	
8.3	Are services billed correctly?	Yes	

Save Data

Return

Delete This Record

July 2014