

## Documenting Medical Necessity Throughout the Episode of Care

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- Why medical necessity?
- What is considered medically necessary?
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In every form of documentation that we provide as skilled therapists, we must prove the medical necessity of the services we are providing. The Center for Medicare Services (CMS) has made it very clear that justifying the need for skilled intervention is paramount to their recognition of and payment for skilled services.

Nationwide, therapy claims are being denied and reduced based on the lack of clinically supportive documentation of the services being provided. Denial statements such as, "*There is very minimal information provided on the OT evaluation to make medical necessity determination,*" and, "*Care should be taken to ensure that the documentation justifies the necessity of the services being provided,*" are being seen more frequently now than ever before.

To be considered medically necessary, we must be able to answer yes to all of the following:

- The services shall be considered under accepted standards of medical practice to be a specific and effective treatment for the patient's condition.
- The services shall be of such a level of complexity and sophistication or the condition of the patient shall be such that the services required can be safely and effectively performed only by a therapist, or under the supervision of a therapist.
- The amount, frequency, and duration of the services must be reasonable under accepted standards of practice.

Documenting medical necessity throughout the entire episode of care ensures that the need for skilled services is recognized by all who review the medical chart.

### Documenting Medical Necessity on the POC

Justification for services begins with documenting the medical necessity within the Plan of Care. Clearly documenting the WHY helps us argue the "*why therapy, why now*".

- The Reason for Referral should include the referral source, the specific reason that the given discipline has been referred, and a strong statement that clearly documents what the patient may be at risk without therapy services.
  - **Example:** *74-year-old male referred to ST by nursing and MD due to increased coughing with liquids. ST referred to address new onset of oropharyngeal dysphagia R13.12. Without skilled ST, pt is at risk for dehydration, nutritional decline, and aspiration and/or choking.*
- The "Other Areas" free-type box on the Underlying Impairments tab is used to document a summarizing statement justifying medical necessity. This area is also used to document medical necessity of group treatment and various modalities as an appropriate form of intervention.
  - **Example of summary statement:** *The pt presents with impaired balance, decreased LE strength, and increased pain resulting in unsafe functional transfers, increased assistance with bed mobility, and ability to safely ambulate. Pt would benefit from skilled PT to address these identified areas via therapeutic exercise, neuromuscular re-education, therapeutic activity, gait training, e-stim, and pt/caregiver education and training.*
  - **Example for group treatment:** *The pt would benefit from group therapy for enhanced generalization of functional skills and to provide insight into current condition/functional levels through interaction with and observation of others.*
  - **Example for modalities:** *The pt would benefit from e-stim to the left quadriceps to reduce pain and stimulate muscle movement for functional standing tasks and ambulation.*

## Documenting continued Medical Necessity on the Updated Plan of Care

Thorough clinical documentation in the "Justification for Updated Plan of Care" section of the UPOC is the best way to ensure medical necessity is documented. It should clearly argue "*why therapy, why still*" through the documentation of the medical need to continue skilled treatment. This statement, coupled with adjustments to the treatment plan and goals, helps support continued services.

To support medical necessity, the justification for UPOC should include the following:

- Overall barriers to functional independence that would result if skilled services were not provided
- Specify remaining deficits and impact on function and clearly indicate why the skills of a therapist are still needed
- Document patient progress (including objective results) and what UIs will be addressed in treatment going forward

| Poor Example   | Better Example  |
|--|---|
| Skilled OT continues to be medically necessary to increase independence with ADLs. | Pt demonstrates improvements with grooming/hygiene, UB dressing, and sit to stand transfers since SOC. Pt continues to have difficulty with standing balance affecting toileting and LB dressing. Skilled OT continues to be medically necessary to address standing balance and coordination training for self-care management training as well as patient/caregiver education for compensatory strategies and adaptive equipment. |

## Documenting Medical Necessity on the Discharge Summary

The discharge summary is the final opportunity to justify the medical necessity of the entire episode of care. It should summarize the entire episode of care and justify services. The summary of skilled services provided since SOC section must clearly justify the need for skilled intervention throughout the entire episode of care. Goal progress and detailed discharge location and plans should also be documented.

| Poor Example  | Better Example  |
|---|---|
| Pt participated in skilled PT including therapeutic exercise, therapeutic activity, neuromuscular reeducation, and gait training to improve functional mobility in SNF. | Skilled PT services provided since SOC included: therapeutic exercise to increase B LE strength, gait training to improve gait pattern and assistive device training, neuromuscular re-education for standing balance, fall prevention, and balance recovery, and therapeutic activity focusing on bed mobility and functional transfer training. Pt is now able to transfer with supervision, ambulate 150 ft with RW at supervision level, and maintain good balance for functional tasks. Pt will be discharged with a daily RNP for ambulation and LE ROM to maintain current level of function and prevent decline with functional mobility. |

## Medical Necessity Through Individualized Documentation

To help support medical necessity and justify our services, we must ensure all documentation is patient-specific and specific to the reporting period documented. This can be best carried out by:

- Ensuring that treatment plans are based on individual underlying impairments.
- Ensuring that goals on the treatment plans aim to meet patient-specific goals and outcomes.
- Ensuring that all documentation is individualized and never cloned from one document or note to the next.
  - Cloning documentation may lead to denial of services due to lack of medical necessity.
  - Documentation is considered cloned when entries in the medical record are worded exactly alike or similar to previous entries.
  - CMS does not believe that cloned entries meet medical necessity requirements for coverage of services due to lack of patient-specific, individualized documentation to support services rendered.

*For more information on Documentation of Medical Necessity for POCs, daily, weekly, UPOCs, and DCs please see the Documentation library on SharePoint.*