

Date:

QA Audit Form: Rehab Part A Part B Other		
Resident Initials:	Discipline: PT OT ST	
Therapist:		
Reviewer: <i>your name, title, dept, phone #</i>	Score: /14 evaluating staff or /8 for assistants	
Start of Care:	Facility:	
Focus Area	Score	Risk
<b>ICD-10 PRIMARY MEDICAL DIAGNOSIS CODING – PT / OT / SLP ONLY</b> <ul style="list-style-type: none"> <li>✓ Med A: Primary Codes match across disciplines and not altered more than 3 days beyond admit</li> <li>✓ Med B: Primary Code should match the treatment code OR is a covered Diagnosis Code (covered in LCDs)</li> </ul> Comments:		
<b>TREATMENT DIAGNOSIS - PT / OT / SLP ONLY</b> <ul style="list-style-type: none"> <li>✓ Treatment Codes selected must have an assessment and a goal to support it</li> <li>✓ M62.81 Muscle Weakness should not be the primary treatment diagnosis, can be included as secondary or tertiary</li> </ul> Comments:		
<b>MEDICAL NECESSITY ESTABLISHED UPON EVALUATION– PT / OT / SLP ONLY</b> <ul style="list-style-type: none"> <li>✓ Referral complete with brief hospital stay, active/acute reason for admission – supportive of Primary Med Diagnosis</li> <li>✓ Includes case complexities</li> <li>✓ Precautions listed</li> <li>✓ Prior hospital therapy treatment/ outcomes reported (if known)</li> <li>✓ Clinical Impressions summary includes brief overview of the deficits, how far below baseline pt. is at the time of eval, and how they will benefit from skilled treatment</li> </ul> Comments:		
<b>PLOF ESTABLISHED– PT / OT / SLP ONLY</b> <ul style="list-style-type: none"> <li>✓ Must have a PLOF for each goal/ functional addressed in POC at minimum</li> <li>✓ Include as many functional areas a possible to allow for evolution of the POC later in the episode (Example: Give PLOF for IADL / Community mobility to be addressed prior to discharge)</li> </ul> Comments:		
<b>OBJECTIVE BASELINE– PT / OT / SLP ONLY</b> <ul style="list-style-type: none"> <li>✓ Baseline data for each goal / functional area address in POC</li> <li>✓ Baseline data for all deficit areas</li> <li>✓ Is Muscle Weakness is used in treatment coding – Manual Muscle Test score present</li> </ul> Comments:		
<b>BILLING ON DAY OF EVAL– PT / OT / SLP ONLY</b> <ul style="list-style-type: none"> <li>✓ Day of eval, billing for eval code does not state “See Eval” and separate treatments which may be provided same day are billed accordingly</li> <li>✓ Evaluations are billed accurately, not over or under billed (Example: Billing only 15 minutes or billing over 80 PT/OT minutes for evaluations is not reasonable, and over 90 mins for SLP)</li> </ul>		
<b>SECTION GG CODING (MED A)</b> <ul style="list-style-type: none"> <li>✓ Completed Timely and Accurately</li> <li>✓ Evaluation and Discharge Summary need to reflect the information in Section GG – <b>they should match</b></li> </ul> Comments:		
<b>STANDARDIZED ASSESSMENTS</b> <ul style="list-style-type: none"> <li>✓ Standardized assessments utilized within POC, goals and in daily treatment</li> </ul>		

Focus Area	Score	Risk
<ul style="list-style-type: none"> <li>✓ Score updated, explained, and relates back to pt. functional performance</li> </ul> <p>Comments:</p>		
<p><b>GOALS: MEASURABLE AND FUNCTIONAL</b></p> <ul style="list-style-type: none"> <li>✓ Each goal is clear, precise, measurable and relates to a specific deficit found in eval</li> <li>✓ STGs written to be met within 1-2 reporting periods</li> <li>✓ STGs lead to LTGs and reflect the focus of the POC (restorative, adaptive, compensatory)</li> <li>✓ If LTGs are met PRIOR to the end of episode, STG and LTG are updated by PT/OT/SLP</li> <li>✓ Med A: Goals relate to deficit areas noted in the Section GG admission</li> </ul>		
<p><b>REASONABLE EXPECTATION OF PROGRESS (PROGRESS NOTES)</b></p> <ul style="list-style-type: none"> <li>✓ Each reporting period show progress in 1-2 goals</li> <li>✓ STG updated with skilled comments present in each goal area</li> <li>✓ If no progress made, skilled comments required to list continued barriers and justification for continued skilled level of care</li> <li>✓ POC evolves and new goals added, or goals modified / discontinued or broken out in separate goals if needed (GOALS NOT CONTINUED INDEFINITELY)</li> </ul> <p>Comments:</p>		
<p><b>SKILLED SERVICES JUSTIFIED (TREATMENT ENCOUNTER NOTES)</b></p> <ul style="list-style-type: none"> <li>✓ Daily Notes show sophistication and demonstrate skill provided</li> <li>✓ Daily Notes reflect updated precautions</li> <li>✓ Supervisory Visits noted</li> <li>✓ Specific Training with caregivers (including CNAs) noted, quality of return demo or % of carryover</li> <li>✓ Daily notes are not routine/ repetitive</li> </ul> <p>Comments:</p>		
<p><b>DURATION AND INTENSITY SUPPORTED</b></p> <ul style="list-style-type: none"> <li>✓ Evaluations not defaulted to certify 90 days or 12 weeks, POC individualized</li> <li>✓ Med A: Case-Mix Group / Clinical Category is supported by enough STG to justify all the time billed (Usually 4 STG appropriate)</li> <li>✓ Number of goals should be proportionate to the amount of time spent/billed time for the patient</li> </ul> <p>Comments:</p>		
<p><b>TECHNICALLY COMPLIANT</b></p> <ul style="list-style-type: none"> <li>✓ Evaluations completed/signed same day, TEN completed same day or within 24 hours of service, progress notes completed within 72 hours of due date</li> <li>✓ CPT codes reported are supported by POC, goals and treatment interventions</li> <li>✓ If using CliniSign: Physician signature present and signed within 30 days</li> </ul> <p>Comments:</p>		
<p><b>MINUTE MANAGEMENT</b></p> <ul style="list-style-type: none"> <li>✓ Daily billing is precise, not rounded, exact minutes reported</li> </ul> <p>Comments:</p>		

1 point for each category if Yes and Low Risk, .5 point for Partial and/or Moderate risk, 0 for No or High Risk

**Comments: Audit Scoring Scale:**

91-100% Outstanding

81-90% Exceeds Expectations

71-80% Meets Expectations, training suggested (Staff expected to be here between 6-12 months after hire date)

61-70% Below Expectation, training required

<60% Unsatisfactory, training required

\*All audits are an opportunity to improve documentation skills and prepare for annual reviews.