Tips for improving treatment efficiency
For members undergoing physical therapy

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 do not need therapy three times a week. Members may be seen once or twice a week as they work toward their goals following their comprehensive home program.

- **Let progress determine frequency.** Do not schedule an entire series of visits at a set frequency. Instead, determine the date of the member’s next visit based on the member’s progress after each visit. Set goals for the member’s 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/or flexibility home program, allow time for the member 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 will 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 is being done correctly and that the member is compliant.

- **Warming up is not billable.** Using a bicycle or treadmill to warm up prior to treatment is not skilled care and should not 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 the member’s independent program. Time spent exercising independently is not 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, contrast baths, etc., instruct them in this for home use.

- **Return to sports is generally not included in the benefit.** Remember that returning the member to sports activities does not usually require skilled care. Provide the member 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.
References – for additional information


Brockenbrough G. Self-administered home exercise program shows similar results to outpatient therapy. *Orthopedics Today*. October 2009; 29 (10):41.


