Documentation and Billing for Aquatic Therapy Services

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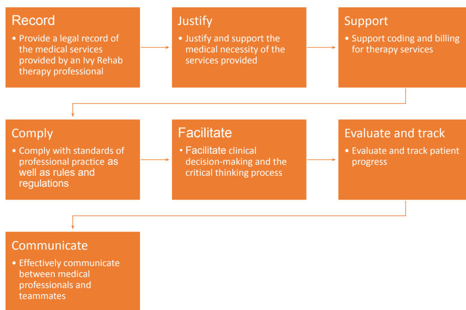
Learning Objectives: at the completion of this training, the participant will be able to:

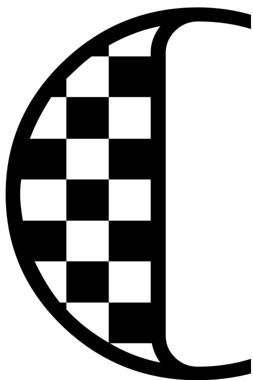
Identify	Identify the essential components of defensible, meaningful clinical documentation required for therapy service medical records
Describe	Describe the components of documentation required to support and justify medical necessity for therapy services
Apply	Apply the five fundamental elements of quality documentation to aquatic therapy
Correlate	Correlate therapy documentation to billing and reimbursement for aquatic therapy services
Differentiate	Differentiate between rehabilitation and maintenance therapy in aquatics
Describe	Describe billing considerations in aquatic therapy practice
Discuss	Discuss common errors and primary causes for denials of claims

Comprehensive, Quality Documentation is Necessary to:



Documentation is Your Patient's Roadmap to a Successful Recovery

- Documentation is a necessary, important part of the job... whether we like it or not.
- If we can focus on the important components, and integrate evidence-based choices into our interventions, the medical record can help us:
  - Keep the big picture view of our patient
  - Remember and incorporate important details into our care
  - Trigger us to act – make changes, contact referral sources, initiatie a new approach, and more



Five c's of documentation standards

- **Clinical Documentation should be clear, concise, comprehensive, complete, and confidential.**
- **Clear:** Present an accurate picture of actual events. No grammar or spelling errors
- **Concise**: Notes should be brief and free of non-related jargon
- **Comprehensive**: Supporting medical necessity for the therapy, notes should focus on the therapist's skilled interventions, patient progression and rationale for change
- **Complete**: Must have an individual medical record, with a note for each session
- **Confidential**: We must comply with all Health Insurance Portability and Accountability Act (HIPAA) guidelines

Fundamental #1: Defining Clinical Documentation: What is included?

- Written or electronic evaluations, progress notes, and daily notes and documentation
- Data collection forms, flow sheets, or practice checklists
- Patient education materials
- Photos or videos
- Emails or faxes related to patient communication
- Any signed agreements between therapist and patient
- Discharge summaries
- Communications to other medical professionals, such as the referral source

Fundamental #2: Components of Documentation

- **Initial Evaluation and Plan of Care**
  - Patient History – includes dates, medical and surgical history, meds
  - Subjective – relavent information from the patient to the case
  - Objective – vitals, inspection, palpation, observations and measurements
    - First day treatment details
  - Assessment – this is YOUR PROFESSIONAL OPINION
    - Problems – what are they?
    - WHY there are problems? – need a rehabilitation diagnosis
    - Your best projection for short term and long term possible goals
    - Why this patient requires the skills of a therapist
    - WHY THE AQUATIC SETTING WILL BE BENEFICIAL – examples: reduced weight bearing; management of edema/ compression during exercise; added core stability to facilitate balance treatment; gait training enhancement focusing on heel strike, etc.
  - Plan - Frequency, Duration ; your treatment approach; plans for communication ,etc.

Note about new incidences of care

- Patients should exhibit a significant change from their usual functional abilities to warrant an evaluation.
- Describe the combination of changes that support the evaluation and onset of care.
- General aging or weakness – without a functional reference or other justification - are not typically a solid reason for treatment.
- Note that a CONDITION refers to more than just the diagnosis. Consider complexity and severity as well.

The Plan of Care: Minimum requirements

- Diagnosis
- Long Term Treatment Goals: should be function-based; include prior level of function when possible
- Type and amount of therapy services (each type of anticipated intervention). *. Better to have more than less you will use.
- If aquatic therapy is planned; best to add land-based transition therapy as well.
- Duration and frequency of treatment
- NOTE: It is helpful to include co-morbidities or other factors that may complicate therapeutic response to treatment.
- Signature and date of who wrote the plan
- "***The Plan of Care should provide for treatment in the most effective and efficient manner for the best achievable outcome." Medicare Learning Network, ICN 905365 Sept 2011***

CERTIFICATION and Re-Certification Requirements

- The physician/ non-physician signature and date satisfies all of the certification requirements for the duratio of the plan of care, or 90 calendar days from the date of the initial treatment, WHICHEVER IS LESS. The initial treatment includes the evaluation.
- Signatures are required within 30 days following the evaluation. Verbal orders must be followed within 14 days by a signature and date. Record all efforts to obtain signatures - delays over 30 days may be waived.
- Re-certfication – documenting the need for further or modifed therapy - should be signed whenever there is a need for a significant change of plan or every 90 days or when the initial plan of care expires – whichever comes first.

Daily notes; Progress Notes: Minimum Requirements

- Date of Treatment
- Each treatment is specified – important to specify treatment was in the water medium. *Even if aquatic therapy as a cpt code is not covered by the insurance and you are billing it as gait or therapeutic exercise, include that it was done in the pool setting. You are billing a lesser charge with non-aquatic codes, and it should not be a problem.
- Total time for time-coded procedures; and total treatment time
- Assessment if plan is appropriate, changes needed, your professional judgment
- Progress notes requirements vary: every six visits for some payers; every 10 visits or every 30 days for Medicare; every 90 days for pediatrics – must state the condition is improving or has potential to improve
- Signature and professional credentials; date
- ***NOTE: Common red flags for "not medically necessary" rejections are:*** 1) Patient tolerated treatment well. 2) Continue with POC (with no other remarks). 3) Patient remains stable. PLEASE AVOID OR SUPPLEMENT THESE STATEMENTS.

Discharge Summary – Minimum requirements

- Include one statement about all treatments/ care provided; encourage inclusion about transition to land and Home Exercise Programs.
- Current functional status
- Goals that were achieved
- Include one statement about any goals not achieved
- Discharge plan – any written or verbal instructions to patient or caregivers
- NOTE: If you are discharging the patient based on a previous visit due to cancels or no shows, state " Discharged today due to _________________. As of _____ (Last visit date), functional status was ________, goals were note met_______, and any attempts to reach patient to continue therapy."

Fundamental #3: Treatment- Specific documentation

- **Aquatic therapy**: Include
  - Rationale for aquatic therapy
  - Area treated; total time in treatment
  - Patient response
  - Edema measurements if applicable, any objective findings
  - Dosage of activity – eccentric, concentric, isometric, varying speeds/ power; plyometrics; overlays to activity, such as cognitive, visual
  - Cueing – tactile, verbal
  - Level of assistance
  - Any land based tests or outcomes on deck – single leg stance, Berg, Timed up and Go, etc.
  - Gait cycle components – actions at the hip, knee, ankle, trunk rotation, weight shift, symmetry, step up/ down, varying speeds, forward, backward, later, visual and cognitive challenges, etc.
  - If you use a specific technique, include it if desired, but be sure to define it. Example: Bad Ragaz would not be understood, but "Trunk elongation in supported supine; varying speeds; manual resist to elicit max recruitment; x 7 minutes; all planes of trunk movement" would be better understood.
  - If you use a paper log for recording exercise and activities, be sure to scan it into the medical record.

Fundamental #4: Meeting the "Reasonable and Medically Necessary" criteria

Services by a therapist must 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 qualified ____ therapist, or under the supervision of a ______ therapist."

- (CMS Manual System Publication 100-02 transmittal 88, May 7, 2008)

The most common reasons for denial of care are:1) the care is not deemed medically necessary and 2) it does not require skilled intervention

- To prevent #1 – WHY is the intervention needed at this time?
- To prevent #2 - Show why ONLY a therapist can do this skill

Medical Necessity is somewhat subjective... so here are concrete ways to show what you know

Our best efforts might include:

- Include functional problems in evaluations and re-evaluations
  - Don't forget to use the re-evaluation code
- Treatment plan addresses each problem, disability, or dysfunction
- The loss of function is not expected to improve spontaneously – that's why they need you
- Instruct in compensatory skills as indicated by the patient's needs
- Select devices or strategies to replace or augment function

Other Methods to Support Medical Necessity and Skilled Intervention

Describe how you are monitoring the patient – instead of "15 min of Cardio in aquatic setting"; write " 15 min of aerobic conditioning unweighted in pool, monitoring effort BORG perceived exertion... or Talk Test.. Or pulse oximetry."

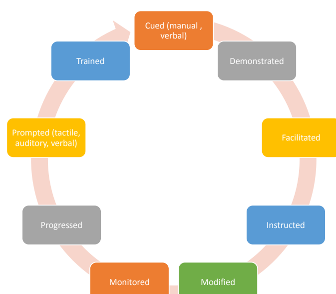
Document your clinical decision- making process. "Due to increased tolerance to turbulence, balance challenge increased with reduced visual input, smaller base of support, and therapist perturbation."

Don't document the same exact thing every day.

Tie the clinical problem to a functional loss or need

Re-read your note – does it show skill, thought, and plans for progress/ next step?

Demonstrate "Skill" through Your Key Words -



Other ways to support medical necessity

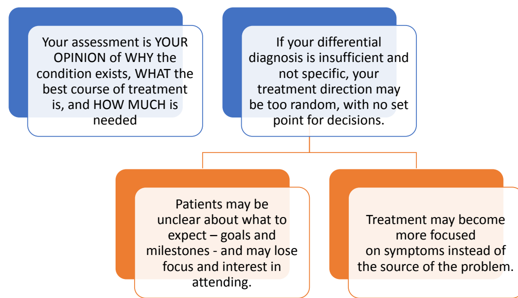
- **If REHABILITATION THERAPY:**

- ❑ Do you show that the condition is in recovery?
- ❑ Are you documenting improvement in function?
- ❑ Is one goal to restore previous level of health, well-being or function, if possible?

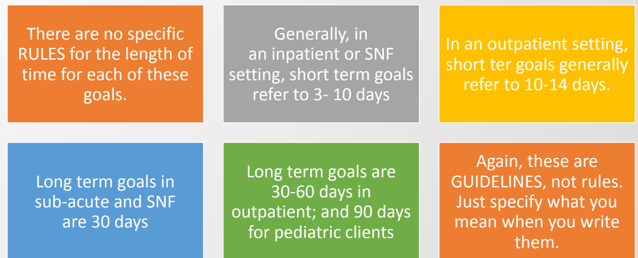
- **IF MAINTENANCE THERAPY (to be further defined in later slides)**

- ❑ Do you show that the patient will decline and lose function without your services?
- ❑ Is the maintenance therapy of the complexity to be only done by a therapist?
- ❑ Does the service need to be done by a therapist because of safety reasons?

Fundamental #5: Your assessment Is everything



Setting Short and Long Term Goals



Your Assessment is Where Your Skill is Validated

- Medical necessity may be established with the Plan of Care, but it needs to maintained in the continuum of your notes until discharge or ending of an episode of care.
- Relate skilled interventions to functional progress. Example: "Noted progress in sit to stand function with reduced trunk support and increased power due to improved hip extension and trunk strength"
- Instead of "Continue with current POC". Try "Patient continues to respond to aquatic therapy to facilitate weight bearing and balance reactions during mobility skills."

Understanding Medicare's stance on Maintenance therapy

- Rehabilitative Therapy
- Patients condition has the potential to improve, or it is improving in response to treatment – still working to the maximum of functional improvement
- A time frame to achieve max benefit should be included
- Documentation supports the unique skills of a therapist to improve functioning
- Maintenance Therapy
- Since Jimmy O settlement in 2014, treatment to maintain, prevent or slow further deterioration of the patient's functional status that cannot be carried out by the patient or family or caregiver is covered
- Specify - "maintain" or "prevent or slow" further detioriation of functional status
- Need to show complexity of technique vs. Whether an unskilled person could complete – this is KEY.
- If you have a maintenance case, periodically check to verify that reimbursement is occurring.
- In the aquatic setting, be absolutely sure that you are providing hands on skilled care to avoid claim rejection. Coaching from deck side is challenging to support.

Best practices for clinical documentation

- All entries are legible, using your facility's– approved abbreviations. (send copy with notes)
- Sign, date each entry; include patient time in and out of session
- Establish a problem list and address each problem with short and long term goals and treatment plan
- Justify medical necessity for the care by identifying objective and subjective findings that should respond to aquatic therapy, identifying its unique opportunities, according to clinical practice guidelines and evidence-based practice in general. (examples: weight bearing, hydrostatic pressure, trunk support, isokinetic environment for max muscle recruitment, visual/ perceptual challenge, pain relief allowing segmental movement, advantages for hypertension, intercostal/ diaphragm challenge, and so much more!)
- Explain lack of progress towards goals and adjust goals and treatment strategies ; or rationale for progression towards existing goals
- Include patient education materials and list topics covered
- Close an episode of care with a concise discharge summary
- Remember: Timely documentation is more inclusive and accurate.

Documentation and Direct Access or Cash Pay for Aquatic Therapy

- Direct Access allows for various levels of autonomous practice
- Documentation accuracy is critical - even if it is not going to Medicare or another third-party payer
- Your documentation will show the physician – if needed – how thorough and knowledgeable you are – and your critical thinking process
- You always need a legal, defensible document

Critical thinking in the Aquatic Setting Drives Quality Documentation

- Health history
- Red and Yellow Flags
- Interview and Subjective Data. (pain and avoidance behaviors)
- Screen for other health problems
- Systematic Differential Diagnosis.
  - Clearing tests General assessment parameters (Palpation, Edema, Posture ROM, Strength, Movement, Endurance, Joint Play, Mobility, Coordination, Environment, Cognition, Balance/ vestibular, Neuro systems check)
  - Condition specific tests and assessments
  - Patient response to correction of instability, posture, isolation of movement, mobilization with movement, etc
  - Determine diagnosis and prognosis
- Problem list creation and prioritization with patient
- Choose evidence-based interventions – why water? At what point will you add land-based therapy?
- Describe Patient Education – verbal and written
- Plan for Re-assessment (minimum of 10 visits from evaluation date)

Documentation for Risk Management

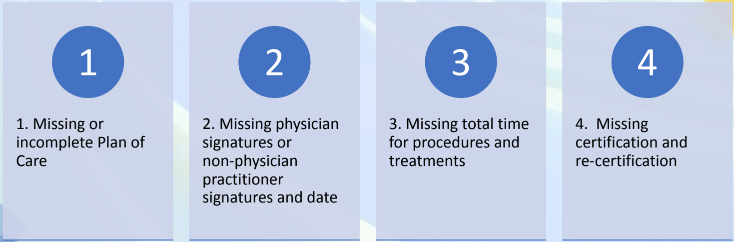
Thorough documentation is both a benefit and protection for both the patient and the therapist.

This is a real-time, historical account of your patient encounter; source of evidence in the event your care comes into question

Consider minimizing risk by:

- Date, time, sign – simple but important things; chronology – document your treatment in the same order that it happened
- Use approved abbreviations Describe subjective information with quotations if certain words are necessary to include
- Document all phone calls, including attempts to reach a payment source or referral sources
- Include any instructions you gave to your patients
- If you use an interpreter, be sure to specify that fact and obtain a HIPAA Business Associate Agreement
- Keep incident reports separate from medical documentation

CERT Program : Comprehensive Error Rate Testing program from CMS (Medicare): Most Common Errors and Claims Rejection

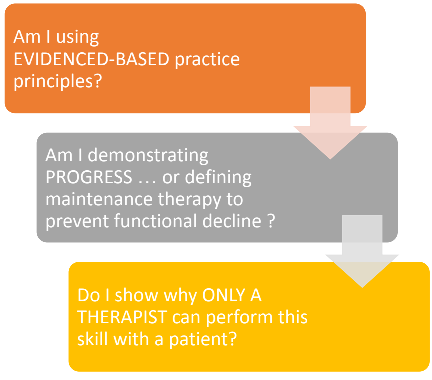


Physical therapy Case: Scenario #1

Laverne: 72 yo; OA, High fall risk; gait instability. CHF
- What water?
- Key goals

John: Post ACL Repair
- Why Water?
- Key Goals

Quick “Self Check” in the Pool…



Billing for Aquatic Therapy Services

- A CPT code is specific to Aquatic Therapy – 97113
- This code has undergone huge swings in reimbursement, at one time being one of the highest reimbursement codes, due to the cost of providing this type of service.
- Over the past ten years, the fee schedule has varied greatly
- 97113 is billed in 15-minute increments

More on 97113

- Hydrotherapy a passive modality (whirlpool) has a CPT code of 97022.
- Policies vary, and it is important that claim authorization is clear that you are providing aquatic therapy, not hydrotherapy – for this reason. 97022 is no longer considered a skilled service.
- If a policy does not cover Aquatic Therapy, it is acceptable to bill for the therapy type you are providing – like gait, manual, neuromuscular re-education, therapeutic exercise – even though you are providing this type of treatment in a more expensive setting/ medium.
- Policies vary – primarily with commercial insurance. Medicare is clear and supports aquatic therapy under the conditions described. Medicaid (in many states) does not cover Aquatic Therapy.

Example: Aetna Policy

- **Policy**
- Aetna considers aquatic therapy (hydrotherapy, pool therapy) medically necessary for musculoskeletal conditions.
- **Note**: Pool, aquatic, or hydrotherapy is considered to be a physical therapy modality subject to the physical therapy guidelines and any applicable plan benefit limits for physical therapy (see CPB 0325 - Physical Therapy Services).
- **Note**: Aetna covers only the professional charges of a physical therapist or other recognized, licensed providers (e.g., doctor of medicine, doctor of osteopathy, podiatrist, and physical therapy assistant), for physical therapy modalities administered in a pool, which require direct, one-on-one, patient contact. Charges for aquatic exercise programs, or separate charges for use of a pool, are not covered.
- **Note**: Aquatic therapy must be carried out for restoring the member's level of function that was lost or reduced by injury or illness. The provider must have direct (one-to-one) patient contact when reporting aquatic therapy. Supervising multiple patients in a pool at one time and billing for each of these patients per 15 minutes of therapy time is inappropriate.
- Aetna considers aquatic therapy that is carried out to maintain a level of function (maintenance therapy), where the member is neither improving nor regressing, not medically necessary.
- Aetna considers aquatic therapy experimental and investigational for the treatment of asthma and all other non-musculoskeletal indications (e.g., autism, chronic obstructive pulmonary disease, developmental coordination disorder, end-stage dementia, reducing risk of falls in the elderly, lymphedema, neonatal brachial plexus palsy, peripheral artery disease, and sickle cell anemia) because its effectiveness for non-musculoskeletal indications has not been established.

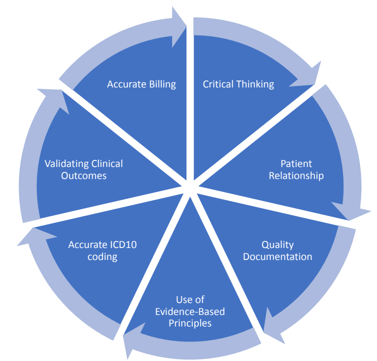
Online Listing of Aquatic Therapy Qualifiers (!)

- Aquatic Therapy with Therapeutic Exercise (CPT code 97113)
- This procedure uses the therapeutic properties of water (e.g., buoyancy, resistance). Hydrotherapy is useful in post-operative extremity (joint) rehabilitation (e.g., total hip or knee arthroplasty, total shoulder, elbow, and wrist arthroplasty).

  Aquatic therapy with therapeutic exercise may be considered medically necessary if at least one of the following conditions is present and documented:

  - the patient has rheumatoid arthritis;
  - the patient has had a cast removed and requires mobilization of limbs;
  - the patient has paraparesis or hemiparesis;
  - the patient has had a recent amputation;
  - the patient is recovering from a paralytic condition;
  - the patient requires limb mobilization after a head trauma; or
  - the patient is unable to tolerate exercise for rehabilitation under gravity-based weight bearing.
- DISCUSS!

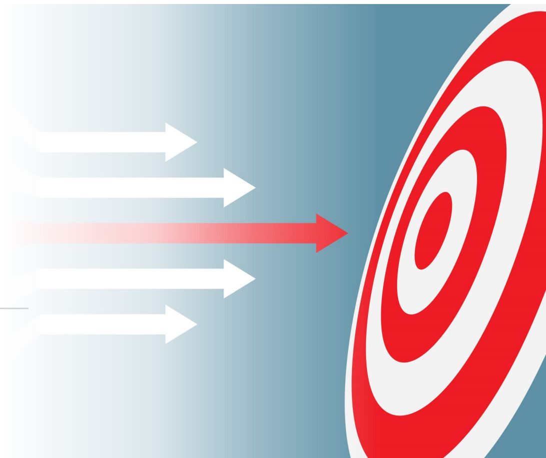
Reimbursement and Successful Aquatic Therapy is More Than Just Picking the Right Code



Additional Documentation Support

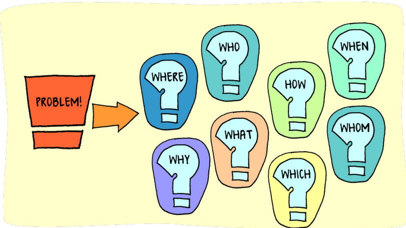
- https://integrity.apta.org/Documentation/
- This is an awesome resource with many handouts for you and your team.
  - Defensible Documentation Elements
  - Documentation Checklist Sample
  - Improving your Clinical Documentation: Reflecting Best Practice
  - This page also offers links to state licensing authorities' contact info, the Medicare coverage database, and several payer websites (Aetna, BCBS, Cahaba, United Healthcare.).

Sample Goals



Goals to Consider for Documentation

Questions?



Thank you for your attention and engagement today! Great to be here ☺