Susan was directed by a skilled nursing facility administrator to “be sure to provide at least 720 minutes of therapy per week per patient.” In her clinical judgement, 720 minutes is not medically necessary for all of her patients. The administrator reassures her, “the more therapy, the better for the patient.”

Stephanie recently joined a state-of-the-art private practice. When the owner suggests that she bill her last 30-minute treatment session as a 1-hour session, she’s unsure of what to do. “Excellent care deserves compensation,” he explains. “Besides, it more accurately reflects what the practice should be paid and ensures that we can serve more patients who need us.”

Lisa recently concluded an episode of care for a patient with pelvic pain and was surprised when the patient returned 2 weeks later with a new referral to continue therapy. In her clinical judgment, the patient won’t benefit from more therapy, but Lisa doesn’t want to offend the referring physician.

Adam is booked solid. When a patient, clearly in pain, walks in asking to be seen for neck strain, he wants to help but doesn’t have time. He thinks about asking his PTA to perform the evaluation and document the findings so that when he has a few minutes, he can review the evaluation and treat the new client.

Improperly handling any one of these scenarios could land these PTs in hot water. Could the government or private payers view any of your activities as fraud, abuse, or waste? The health care system is complex. It’s time to bridge the knowledge gap—what you don’t know CAN hurt you.

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