Janet, PT, has been practicing pediatric physical therapy at a children’s hospital for 30 years. She loves helping kids triumph over trauma.

Janet was about to conclude a hospital outpatient treatment plan for Joey, a 6-year-old, who had surgery to repair a displaced femoral fracture. Joey had improved significantly, and Janet was confident that he would continue to improve with home exercises. She instructed Joey and his mom how to properly complete the prescribed home exercise program.

When Joey’s mom asked if he could “keep coming for a few more weeks,” Janet didn’t think more physical therapy was necessary. His mom, however, was insistent that it would “make him feel better.”

“It couldn’t hurt to see him a few more times,” Janet thought, so she scheduled him for 4 more appointments over the next 2 weeks.

What Janet doesn’t realize is that providing services she believes are not medically necessary is considered abuse of the health care system and a waste of health care dollars. Who knew that going the extra mile was going too far?

Could the government or private payers view any of your day-to-day practices as fraud, abuse, or waste?

The health care payment system is complex. The gap between what we know and what we ought to know about compliance, documentation, fraud, and abuse is expanding.

It’s time to bridge the knowledge gap—what you don’t know CAN hurt you.

Program integrity efforts have intensified to find and stop bad actors, but honest, well-intentioned practitioners are also getting caught up in the wide net being cast to fight fraud, waste, and abuse.

APTA is committed to helping you ensure that you’re not one of them.