Lisa, PT, DPT, WCS, is a physical therapist with her own private practice focusing on women’s health. She is well known throughout the community as a champion in providing optimal patient care.

She recently concluded an episode of care for a patient with pelvic pain. She was surprised when the patient returned to the clinic 2 weeks later with a new referral from her physician to continue physical therapy. The patient says she “feels so much better” when Lisa treats her.

In Lisa’s clinical judgment, she doesn’t believe that more therapy will benefit the patient, but she doesn’t want to offend the physician who gave the patient another referral. What Lisa may not know is that if she resumes treatment that she believes is not medically necessary solely because a physician ordered it, this can be viewed as abuse of the health care system.

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

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. Thousands of honest, well-intentioned practitioners are getting caught up in the government’s wide net.

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