Susan, PT, has been practicing physical therapy for 17 years. She has a heart for seniors, so she recently began a new job specializing in geriatrics at a large skilled nursing facility. She enjoys helping her patients function more independently and improve their quality of life.

When an administrator in the skilled nursing facility tells Susan that she should be providing at least 720 minutes of therapy per week for each of her patients, she is uneasy about it. The administrator reassures her that, “the more therapy, the better for the patient.” Based on her clinical judgment, Susan thinks that 720 minutes of therapy per week is more than is medically necessary for many of her patients.

Listening to the administrator, in this situation, could land Susan in trouble.

Could the government or private payers view any of your facility’s billing 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.**