

	Do you have PT and OT seeing a patient for W/C and/or Equipment evaluations together or just one discipline?
A	We don't have a clinic we have an Assistive technology specialist who does these assessments if the patient is not being seen for therapy at our center or if the treating therapist lacks the knowledge to do this on their own. Currently this is an OT.
B	Physical therapy primarily runs equipment clinic, however, we will do co treats with OT for complex switch placement for power wheelchairs.
C	Both OT and PT see patients for wheelchair clinic.
D	Typically one discipline sees the child unless he/she needs bath equipment in addition to a w/c
E	both
F	Just PT do the W/C evaluation however we also have an adaptive car seat tech involved and if they are currently seeing a discipline OT or SLP we consult with that provider before the appointment
G	We currently only have PT seeing the patient. But that is because we have a couple PTs who are ATP and experienced within this field. Our OTs are not trained in equipment like our PT team members are.
H	Only 1 discipline, required to have ATP certification
I	One discipline with a DME provider

J	We have a PT that runs a W/C clinic twice a month.
K	Just 1 discipline with each patient, but we do have both do wheelchair/car seat/equipment evals
L	PT only
M	PT completes the eval but I love when OTs are involved and we collaborate before and after the session if the patient is currently receiving OT services.
N	We only have either a PT or an OT seeing a patient for W/C and Equipment Evaluations
O	Presently PT does seating evaluation with WC vendor but receives information from many sources.
P	Just one discipline
Q	PT only
R	They do it separately here.

<p>If you have one discipline, how do you decide which discipline sees which patient?</p>	<p>If both see the patient how do they charge, do both charge for the entire time, do they split the charges, does one see them and then the other afterward, or another way?</p>
<p>PT or OT can do the assessments if they have the skills, otherwise the specialist does them. Currently this is an OT but could be a PT. Criteria is skill set/knowledge not discipline.</p>	<p>They both charge but not always paid.</p>
<p>Anyone can technically do and equipment evaluation, however, we typically run our equipment clinic with physical therapy.</p>	
<p>N/A</p>	<p>Split the charges.</p>
<p>PT would see a child for w/c, stander, walker or other seating. OT would see a child for bath equipment.</p>	<p>The PT or OT would charge for the direct time they are with the patient. For instance, if the child was seen for a w/c and a bath eval during the one hour slot, PT might charge 3 units for 45 min and OT might charge 1 unit for 15 minutes if that is what they each spent separately for the time.</p>
<p>N/A</p>	<p>They split charges of the session (PT subtracts the time OT is billing).</p>
<p>PT is always seeing them our adaptive car seat tech is also a PT</p>	
<p>N/A</p>	<p>In other co-treat situations our staff will split the time/charges.</p>
<p>Since they are all ATP certified, does not matter</p>	<p>N/A</p>
<p>Scheduling is not discipline specific, both the OT and PT are competent to see all ages (peds), all dx, all equipment</p>	<p>N/A</p>

<p>Sometimes either a PT or OT in the outpatient area will do their own W/C or equipment assessment, but usually if they share the same patient, they will collaborate on it.</p>	<p>As far as how they charge, they typically will do the assessment for whatever equipment it is during their individual treatment time, so they charge accordingly.</p>
<p>Wheelchair either PT or OT, same information. Car seat either PT or OT that is CPS certified. Equipment depends on what it is – PT does gait trainer, walkers, standers, LE orthotics, OT does UE splints, Either can do bathchairs or SDO suits, or positioning chairs. Hope this is clear. Believe me it does get confusing, especially if the referral has multiple pieces of equipment on it.</p>	<p>We don't have them see the patient at the same time. May be back to back or another day.</p>
<p>PT evals wheelchairs, standers, gait trainers, strollers. OT evals bathing and toileting equipment, car seats, beds</p>	<p>They see them separately and bill separately</p>
<p>The decision is based on the experience of our clinicians. Our PTs are ATPs.</p>	<p>If OT sits in on the eval they do not document or charge. We document that OT was present.</p>
<p>It is based on the assigned location in the hospital where the PT or OT is assigned to work.</p>	<p>Only one discipline see the patient not both and in their designated assigned area.</p>
<p>currently PT only. OTs are available if needed for specific patients.</p>	<p>only using PT for majority so NA</p>
<p>An OT runs the clinic, so she completes the majority of the evals.</p>	<p>N/A.</p>
<p>Only PT trained in these appts</p>	<p>N/A</p>
<p></p>	<p></p>

How do you schedule/charge for Medicaid, the same as above or differently?

Same as above.

We are typically billing Medicaid evaluation codes for the initial evaluation and wheelchair management for our follow up visits.

Same as above.

Same as above. Most of the bath equipment evals are done by an OT without a separate equipment clinic visit (ie: during a clinic or regular outpatient or inpatient visit) if a vendor isn't needed to make the decision on the best equipment.

same

We are pediatrics so we don't have medicaid however we do deal with medicares with the only change being that we have to make sure their insurance or insurances will be supported by the W/C vendor we have in clinic that day

Same as above.

NA, only 1 person sees

Same as above.

Separate
Same
Same
We schedule pt. per area with designated therapist and Medicaid is charged accdg. to the amount of time spent during the eval. with the therapist.
Patients are scheduled the same no matter who the payer is and seating evaluation is charged as an evaluation and charged the same no matter the insurance/payer.
No change
N/A