

Within your outpatient ambulatory physical therapy practices, how frequently are you requesting physician orders for recurring therapy beyond the initial physician order for orthopedic-based/sports medicine-based treatment? at the end of the plan of care? at change of status? every 30 days? other?

- ORG A For continued POC when there are no gaps in care: We never request for more visits/extended care unless there is a new diagnosis that evolves. We work under our own POC and make the initial recommendations on frequency (our physicians rarely put frequency anymore on the orders). Should that change, a re evaluation is performed and a new set of parameters are established.
- ORG B It depends. If the original order has a time limit, then we request new orders after that time limit if we feel further therapy is needed. Otherwise, we understand all orders are good for 6 months.
- we initially will only schedule with physician orders (no self-referrals)
-at the end of the plan of care? We update the POC within 12 weeks maximum and ask for physician signature
-at change of status? If the patient's status change warrants an updated POC, we will send an amended POC for signature
- ORG C -every 30 days? No – we base it on POC up to 12 weeks
-other? The physician orders we keep active in the system for 12 months with same injury/condition. We will update the POC if patient returns after DC with same injury. IF status change or new condition, or post-surgery we will ask for new referral script.
- ORG D "For our department we request for change of status or per payer requirements when requesting increased visits".
- ORG E At the end of the POC if we need to extend the ortho/sports med stay beyond the original plan. Our longest plan would be for 90 days (12 weeks) and then we would need to renew the POC if necessary.
- ORG F Every 30 days or as needed by payer
- ORG G For our ortho patients, we request a new order at the end of the orders recommended treatment, as there usually is a frequency duration on it, if we feel there needs to be further treatment.Or we request a new order if the frequency needs to be changed.

There are only a few situation in which we would seek a new or updated referral. Here is the language that we use in our guideline:
1.1. Once a patient is referred, ongoing feedback and communication to the referring practitioner is accomplished by telephone calls, written reports, progress notes, case conferences, and/or personal contact. Treatment continues according to the treatment plan and an updated referral is not needed for services to continue. However. a new referral should be obtained in the following situations:
1.1.1. significant change in medical status
1.1.2. fabrication of splints, casts and orthotics
- ORG H

1.1.3. when needed by 3rd party payors

1.1.4. patient has been formally discharged from therapy

ORG I

: Once a year for chronic recurring patients; at a new episode of care for discharged but returning patients with new concerns

After surgery/significant change of status or yearly (whichever comes first). When we begin a child in therapy, we document when the one year re-evaluation is due so therapists see that in there therapy note weekly and remember to complete the re-evaluation at one year (can be done sooner if there is a clinical reason to do so).

ORG J

The office staff pull a report from EPIC each month of all re-evaluations charged out and use that to obtain a new physician order. We have occasionally had to place patients back on hold if we can't get the order (but that is rare). This svstem has worked fairly well!

ORG K

We have cert letters (signed by physician) every 90 days and do progress notes (sent to physician but not signed) every 10 visits. If there is a change in status or goals, we would do a cert letter sooner than that.

ORG L

OP Pediatrics, we are sending a progress summary with request for signed POC every 10 visits. So it depends on the frequency of therapy (e.g., 2x/week every 5 weeks, 3x/week every 3.5 weeks, etc.)We also send out every evaluation/re-evaluation due to status change and d/c letter as well.