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SPA PCP Treatment & Referral Guidelines
Physical Therapy / Occupational Therapy

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I. When to Refer

- A) Consider conservative course of treatment prior to referring.
Example: shoulder pain for 3 weeks, has tried NSAIDS, ice, and avoidance of aggravating factors, and is not improving.
- B) There should be a recent onset date (generally within the past 3 months) for a diagnosis where the patient requires services now.
- C) There may be a significant decline in function due to an acute injury or an exacerbation of a chronic condition requiring skilled services now.
Example: 10 years post motor vehicle accident (MVA). Recently after painting house, the patient is experiencing significant range of motion (ROM) loss and headache causing loss of work. Patient has tried NSAIDS, ice, rest and previous exercise program with no improvement.
- D) Recommend / Request an initial referral written as “**evaluate and treat.**” Based on clinical findings, therapist will develop applicable treatment plan and will collaborate with referring physician to coordinate care...

II. What Needs to be Included on the Referral

- A) Primary diagnosis and associated ICD-9 code and any related secondary diagnoses with applicable ICD-9 codes.
- B) Precautions and/or contraindications
- C) Specific services requested (i.e. PT, OT, Hand Therapy).
- D) Date of referral request
 - a) Referrals presented at the time of service that are dated beyond 30 days will need to be re-certified by the physician. Therapists cannot accept an outdated referral (over 30 days old) as the patient’s initial condition and reason for referral may have changed.
- E) Patient name and patient phone number.
- F) Physician signature
 - a) Must be the actual signature or electronic signature. No stamped signatures will be accepted.

III. Evaluation

Therapists are required to evaluate the patient and develop an individualized treatment plan that must include frequency, intensity, and duration based on the following:

- A) Clinical findings from the initial evaluation
 - a) A significant decline in function is required to demonstrate medical necessity for skilled therapeutic intervention.

B) Severity and irritability of symptoms to permit patient to participate and tolerate active skilled therapy.

C) Prognosis

a) An expectation that the patient will improve significantly in a reasonable period of time.

IV. Regulations

A) Medicare regulations require that the treatment plan must be signed and approved by the referring physician and returned to the therapy clinic, for the patients file.

a) It is **critical** that treatment plans be returned immediately to prevent delay in service.

B) Hospital based outpatient providers are required to have all treatment plans signed by the referring physician.

C) Therapist will maintain communication with MD regarding patient attendance, compliance, progress, and status at discharge.

D) Treatment will continue as long as the patient demonstrates reasonable and significant functional progress towards established goals and complies with recommended treatment program.

E) Patients will be discharged from therapy and referred back to the physician when:

a) There is no measurable, objective, functional progress per the treatment plan.

1) Maintenance therapy is generally not considered “skilled” care and covered by insurance plans.

b) Further progress toward goals is unlikely.

c) The patient demonstrates a poor response to treatment.

d) The patient is not compliant with the treatment plan and/or fails to attend scheduled treatment sessions.

V. Preparing your patient for Therapy

A) MD should explain the purpose of referring his/her patient to therapy and discuss the realistic prognosis of recovery.

B) Patient will be expected to take an active role and ultimate success depends on patient participation.

C) Compliance with therapist’s recommendations will be expected during the course of their treatment and strongly encouraged following discharge from therapy.

APPROVAL:


SPA/SMF Medical Director

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