

Complete Healthcare Compliance Manual 2024

Resource: Rehabilitation Documentation Checklist

By Holly Hester,^[1] PT, DPT, CHC, CHPC, and Yolunda Dockett,^[2] OTD, MOTR, RAC-CT, CHC, CHPC

Rehabilitation Documentation Review

| | | |
|--------------------------|----------------------|------------------------|
| Facility: | Date: | Reviewed by: |
| Patient: | Therapist: | Disc. OT PT ST |
| Key: (+) = Present/Meets | (N) = Not Applicable | (■) = Criteria Not Met |

| | | Areas to Review | | Comments |
|----------|---|---|--|----------|
| MD Order | 1 | Referral / order is current? | | |
| | 2 | Referral / order signed & dated by the physician? | | |
| | 3 | Extension or other required order is in the chart? | | |
| | 4 | Evaluation is complete and documented timely? | | |
| | 5 | Plan of Care signed and dated by physician within 30 days of Start of Care? | | |
| | 6 | Reason for referral is clearly stated and supports therapy intervention? | | |

| | | | | |
|----------------|----|---|--|--|
| Evaluation/POC | 7 | Medical & treatment diagnoses are clearly stated and support Plan of Care? | | |
| | 8 | Prior level of function supports treatment? | | |
| | 9 | Medical history is comprehensive and relates to reason for treatment? | | |
| | 10 | Functional testing completed and limitations clearly stated? | | |
| | 11 | Therapist's clinical assessment/impression documented? | | |
| | 12 | Goals are specific, measurable, functional, and have time frames? | | |
| | 13 | Plan of Care includes interventions/procedures related to the goals? | | |
| | 14 | Frequency and duration are appropriate and specific? | | |
| | | | | |
| | 15 | Daily / treatment encounter notes present for all dates therapy delivered, including treatment rendered on day of evaluation? | | |
| | 16 | Progress reports completed by therapist as required by payer and applicable state practice acts? | | |
| | 17 | Number of treatments is supported by the frequency/duration? | | |

| | | | | |
|------------------------|----|--|--|--|
| Progress Notes | 18 | Goals are addressed in encounter notes and progress reports? | | |
| | 19 | Encounter notes reflect skilled interventions and time billed? | | |
| | 20 | Patient's response to treatment is documented? | | |
| | 21 | Education of patient, staff, caregiver, or family is clearly documented? | | |
| | 22 | Progress reports support need to continue treatment? | | |
| | 23 | Active participation by therapist at least every 10 visits for Med B? | | |
| | 24 | Co-signatures are recorded as required by practice act? | | |
| | | | | |
| Updated POC/DC Summary | 25 | Updated Plan of Care/ Recertification signed and dated by the physician? | | |
| | 26 | Discharge summaries are filed in the medical record and completed by clinician timely? | | |
| | 27 | Discharge recommendations & referrals are made as appropriate? | | |
| | 28 | Progress clearly documented? Comparison made from initial status? | | |
| | 29 | Goals are addressed with explanations for goal(s) not attained? | | |

| | | | | |
|--|----|--|--|--|
| | 30 | Need for medically necessary, skilled service is documented? | | |
|--|----|--|--|--|

Total # Correct _____ / _____ = _____ %

Action Plan Recommended ☐ Yes ☐ No

Comments/Recommendations:

Reviewer’s Signature: _____ Date: _____

This document is only available to subscribers. Please log in or purchase access.

[Purchase](#) [Login](#)