Ontario

Designated Physiotherapy Clinics Association

Joint Physiotherapy Education Committee Interpretive Bulletin

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Introduction of Committee and Clarification of the Process to Access Additional Funding for Physiotherapy Services

Introduction

What is the Joint Physiotherapy Education Committee (JPEC)?

The Ministry of Health and Long-Term Care (MOHLTC) and the Designated Physiotherapy Clinic Association (DPCA) have established this committee to function in an advisory capacity to the MOHLTC and recommend appropriate provider-focused educational activities to improve the delivery of OHIP funded physiotherapy services in Ontario and compliance with regulatory requirements for insured physiotherapy services.

What is an Interpretive Bulletin?

Interpretive Bulletins are prepared jointly by the MOHLTC and the DPCA to provide guidance to operators of Designated Physiotherapy Clinics (DPC) on issues of mutual interest. Bulletins are provided for education and information purposes only. The information provided in the Bulletin is based on Section 21 of Regulation 552 of the Health Insurance Act (HIA). While the MOHLTC and the DPCA make every effort to ensure that this Bulletin is accurate, the Act and Regulations are the authority in this regard and should be referred to by the operators and other interested parties. Changes in the statutes, regulations, or case law may affect the accuracy or currency of the information provided in this Bulletin. In the event of a discrepancy between this Bulletin and the Act or its Regulations, the text of the Act and/or Regulations, prevail.

Purpose

The purpose of this Interpretive Bulletin is to provide further clarification on the ***requirements for the provision of additional physiotherapy services beyond the service maximums*** set out in the regulation. In particular, this Bulletin will review the requirements for provision and claims submission for services in excess of the maximums ("additional services") as well as the documentation requirements.

General Principles for Insured Physiotherapy Services

- Eligibility for all services continues to depend on therapeutic need (in addition to other requirements in the regulation)
- It is the responsibility of the operator or clinic to maintain all documentation required to establish entitlement for payment for services provided
- ***In exceptional circumstances*** based on therapeutic need the per patient service maximum may be increased by up to 50 services per fiscal year
- A patient receiving physiotherapy services, including additional services will have been assessed regularly by the designated physiotherapist and demonstrate response to treatment
- Before additional services beyond the maximums are provided, supporting documentation that substantiates the need for additional services must be obtained by the operator of the Clinic and maintained in the relevant files.

What are the service maximums?

There is a maximum number of insured physiotherapy services per individual per fiscal year:

- For patients younger than 20 and 65 years of age and over the maximum is 100 services
- For in–home services to patients of any age the maximum is 100 services
- For residents of long-term care homes of any age the maximum is 100 services
- For recipients of the Ontario Disability Support Plan, Ontario Works and Family Benefits the maximum is 100 services
- For individuals between 20 and 64 receiving clinic-based services following acute hospitalization the maximum is 50 insured services

It would not be anticipated that all individuals would require the maximum number of services. Eligibility for all services continues to depend on therapeutic need.

How has the process to provide additional insured physiotherapy services beyond the maximums changed?

Prior to August 2007 DPC's were required to submit documentation to the ministry requesting authorization to exceed stated service maximums per patient. As announced in OHIP Bulletin 3075 on July 30, 2007, the supporting documentation must still be collected prior to the rendering of the additional services, but rather than submitting this documentation to the ministry it will now be maintained by the DPC. Submission of this documentation to the ministry is no longer required in order to access funding for additional physiotherapy services beyond the stated service maximums for a patient. OHIP Bulletin 3075 can be accessed on line at: http://www.health.gov.on.ca/english/providers/program/ohip/bulletins/3000/bul3075.pdf.

Also announced in OHIP Bulletin 3075, a new fee code was introduced for the submission of fee-for-service claims for the provision of additional services beyond the identified service maximums. This fee code is V841 - Additional Visit Based on Exceptional Medical Need.

What is the supporting documentation that must be maintained to substantiate the need for additional physiotherapy services?

The operator or the clinic must maintain copies of the initial assessment of the patient and any ongoing reassessments performed during the fiscal year that demonstrate, using generally accepted outcome measures, whether progress has been made as a result of the provision of physiotherapy services and the degree of that progress. These documents must be created and maintained for each patient.

Before additional services are provided, the Clinic must obtain a written certificate from a physician or, for residents of Long-Term Care (LTC) homes, a physician or the nurse most responsible for a resident's nursing care, and a written plan of care from the physiotherapist most responsible for the patient's physiotherapy care.

- The written certificate must state that the patient is subject to a disability or impairment that can reasonably be expected to improve with the proposed continuation of physiotherapy services.
- The written plan of care must identify:
    - the nature of the patient's ongoing impairment or disability
    - an analysis of the physiotherapist's current assessment findings which identifies the patient's ongoing functional problems

- a description of the proposed physiotherapy services, treatment goals and discharge plan
- the number of days, not to exceed 50, in the remainder of the fiscal year for which additional insured physiotherapy services are proposed.

- The records requirements for all insured physiotherapy services also apply to additional services, i.e:
  - the name of the insured person to whom the physiotherapy services were rendered
  - the dates when the physiotherapy services were rendered
  - the location
  - a detailed description of the services rendered on each date and at each location – if the services rendered are the same for several days, then at a minimum, reference to the relevant detailed description must appear for each date
  - the name or names and license or certificate of registration number issued by the College of Physiotherapists of the physiotherapist who actually rendered each service on each date and at each location.
- Clinical records for assigned services must indicate:
  - the name of the person who actually rendered the service
  - the name of the designated physiotherapist who directed and supervised the rendering of the service and the number of his or her licence or certificate of registration issued by the College of Physiotherapists of Ontario
  - details of the aspects of the treatment plan assigned to the support worker
  - the level of supervision required
  - the date of reassessment by the designated physiotherapist who directed and supervised the provision of the assigned service

The ministry may at any time require the provision of supporting documentation to ensure the payment requirements as stipulated in the Regulation are being met. Failure to meet these requirements may result in reimbursement by the DPC to the ministry.

Examples

Record-keeping styles and practices tend to vary depending on the patient, the acuity of their condition, treatment goals and the pace of their response to treatment. For instance, reaching the goals and objectives of a physiotherapy treatment plan in Long-Term Care generally occurs gradually with the frail elderly populations who often have multiple diagnoses, compared to the acute patients more common in the clinic setting.

According to the Long-Term Care standards and the College of Physiotherapists of Ontario guidelines detailed daily record keeping is not required in Long-Term Care. The physiotherapist performs a comprehensive detailed assessment on the initial visit to determine objective findings and to establish goals and a treatment plan. Reaching the goals and objectives of a physiotherapy treatment plan in Long Term occurs gradually with the frail elderly populations who often have multiple diagnoses. However, for OHIP payments an entry is required for each insured service provided.

Example 1

A 77 year old female resident in a Long Term Care Home who suffered a stroke 2 years ago now presents with mild left side paralysis. The resident is slightly over weight and has bilateral moderate osteoarthritis of the knees along with a mild onset of dementia. After the physiotherapist assesses this resident the objective findings indicate she has full range of motion of her hips and knees and sufficient strength in her lower extremities to enable her to weight bear/stand for 30 seconds with assistance of one person. She has difficulty transferring from the chair to bed and from chair to toilet and therefore two nursing staff currently transfer her utilizing a mechanical lift. Once she is mechanically transferred to the wheelchair she is portered around the home, (meals, activities and bathing).

The physiotherapist performs a comprehensive detailed assessment on the initial visit to determine objective findings and to establish goals and a treatment plan. One of the primary short term goals of the physiotherapy plan is to improve the resident's transfers and to educate nursing regarding "pivot transfers". A long term goal will be to improve strength and balance so that the resident will be able transfer and ambulate independently in her room. Improvement in transfers and independent mobility in her room will help to prevent complications that occur due to immobility.

As the treatment plan commences the resident is now able to weight bear for 30 seconds at a time, then rests for one minute before repeating this weight bearing sequence exercise for a total 5 minutes. The physiotherapist will begin to work on balance and weight bearing / shifting techniques to teach the resident to "stand pivot transfer". The physiotherapist will assist the resident to improve strength, standing tolerance and balance so that the resident will achieve this goal within the next quarter (3 months). The physiotherapist will work with the resident 2 to 3 times a week to improve strength and balance in order to achieve a "pivot transfer" so that the resident can transfer from the bed to the chair and chair to toilet with minimal assistance.

The treatment would be the same on a daily basis, however the expectation would be that there would be slow and steady progression within the quarter. The daily record keeping would include the specifics of the dates, location and who administered the treatment according to the detailed treatment plan documented earlier in the record. From the reference to the treatment details, it should be clear what treatment occurred on a given day. Only changes to the treatment need to be reflected in the record.

Assuming the resident can successfully "pivot transfer" within the first quarter, the new goal of the physiotherapy program will be to improve exercise tolerance so that the resident will be able to ambulate and independently transfer with an assistive device in her room. At this time a detailed quarterly re-assessment is completed outlining the objective findings and determining new treatment goals and plans.

Example 2

Record-keeping in an acute care setting will more commonly involve more daily information or progress. For example, a 77 year old elderly woman has bilateral knee replacements. She also presents with high blood pressure, hypothyroidism and mild depression. All her symptoms are under control with medication and she is able to live independently in a house in the community with her significant other. The goal for this 77 year old woman, post bilateral knee replacements will be to resume activities of daily living, driving, and eventually playing golf.

When she is discharged from the hospital she returns to her home, where she lives with her spouse. She is scheduled to receive OHIP funded physiotherapy at a Designated Physiotherapy Clinic located close to her home.

When she arrives at the clinic, two weeks after her surgery, she is walking with a two-wheeled walker and presents with decreased range of motion and swelling in both knees. She can only ambulate 50 meters. The goal of treatment is to get this patient to ambulate independently for 1000 meters with no assistive device and to increase the range of motion, increase the strength and decrease the pain and swelling. The expectation is that the goals of this treatment plan should be achieved in 6 weeks. The documentation for this patient will reflect the daily progress which may require daily changes to the treatment plan. The goals for the patient are achieved in a shorter time frame and the expectation is that she will reach each of the goals within a relatively short period of time. For example, the swelling decreases dramatically within the first week, the range of motion and strength also improves quickly which allows her to progress from the walker to walking with one can within a 3 week period. The documentation should reflect the treatment changes that occur when the patient achieves one of the goals, or if the treatment is altered or adjusted to allow progression of the physiotherapy treatment in order to meet the goals. While daily records should always include reference to a detailed description of the relevant treatment, the detailed description itself may be recorded daily or at the very minimum, once a week.

For Background

The regulatory provisions for additional funding for physiotherapy services are found in the Health Insurance Act under Regulation 552, Section 21 (4) and the documentation requirements are set out in Section 21 (7) and (8). You may access the regulation on-line at: http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900552_e.htm

The members of the Joint Physiotherapy Education Committee invite comments and feedback from the operators of Designated Physiotherapy Clinics.

Should you have any questions or possible topics for future issues of this publication, please contact Tony Melles via e-mail at: dpca@sympatico.ca