

OUTPATIENT SPEECH THERAPY SERVICES

Documentation Checklist Tool

The purpose of this Tool is to guide the provider to appropriately document required components.

Initial Visit	Yes	No
1. Is this an initial visit for therapy evaluation?		Go to Question 4.
2. Does the Documentation include the signed initial order from ordering provider?	Go to Question 4.	
3. If patient is self-referred, is the certification signed within 30 days to serve as order?		

Plan of care/Initial Certification	Yes	No
4. Does the initial plan of care include necessity of skilled therapy of a skilled therapist through objective findings and subjective patient self-reporting?		
5. Does the initial plan of care contain the following: <ul style="list-style-type: none"> • Date plan of care established • Long term treatment goals • Diagnosis • Type, amount, duration and frequency of services 		
6. Are the goals measurable and pertain to functional impairments?		
7. Does the certification contain Signature, date and professional identity of the therapist who established the plan?		
8. Does the documentation indicate the level of involvement of the STA? STA cannot bill incident to a SLP Therapist?		
9. Does the evaluation include: <ul style="list-style-type: none"> • a diagnosis • objective measurable functional limitations including objective assessment scores/summaries and subjective self-reporting • functional assessment • clinical judgement If not, does the documentation identify other health services being used, necessary DME, medications, complicating factors, generalized conditions, mental or cognitive disorders, factors impacting severity?		
10. If appropriate, does the documentation indicate recent discharge from inpatient treatment, SNF, or home health within last 30 days, previous treatment of the same conditions by same or different therapy discipline in past year?		
11. Is the certification signed by the ordering provider within 30 days of the certification by the therapist? If not, is there documentation to support diligence in obtaining the signature and reason for late signature?		

Progress note	Yes	No
12. Has the patient completed a minimum of 10 visits?		Go to Question 24.
13. Is the progress note completed on the 10th (or every 10th) visit or sooner?		
14. Is the progress note authored by the performing therapist or the physician/NPP who supervises the services if performed incident to?		
15. Does the progress note establish medical necessity of continued treatment and justify the necessity of skilled therapy by a skilled therapist through objective findings and subjective patient self-reporting??		
16. Does the progress note contain the following content? <ul style="list-style-type: none"> • Assessment of improvement, extent of progress (or lack thereof) toward each goal • Plan for continuing treatment • Objective evidence consisting of standardized patient assessment instruments, outcome measurements tools or measurable assessments of functional outcome • Changes to long or short term goals • Functional documentation and specific nonpayable G-codes and severity modifiers 		



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Progress note	Yes	No
17. Does the documentation indicate treatment is part of a maintenance program and the following: patient's clinical condition demonstrates that the specialized judgement, knowledge, and skills of a qualified therapist are necessary for the performance of safe and effective services in a maintenance program?		Go to Question 19.
18. Does the documentation indicate that the therapy procedures are complex and sophisticated requiring skills of therapist to maintain current function, slow progression or indicate that the patients special medical complications require skills of a therapist to maintain the patients current function or prevent or slow further deterioration?		

Recertification	Yes	No
19. Has the patient had a significant change to plan of care or at a maximum 90 days treatment from initiation of treatment?		Go to Question 24.
20. Is there a recertification completed by the therapist at least every 90 days after initiation of treatment or when significant modification to plan of care occurred??		
21. Does the Recertification establish medical necessity of continued treatment and include: <ul style="list-style-type: none"> • Assessment of improvement, extent of progress (or lack thereof) toward each goal • Necessity of skilled therapy of a skilled therapist through objective findings and subjective patient self-reporting • Plan for continuing treatment • Objective evidence consisting of standardized patient assessment instruments, outcome measurements tools or measurable assessments of functional outcome • Changes to long or short term goals If not, does the documentation identify other health services being used, necessary DME, medications, complicating factors, generalized conditions, mental or cognitive disorders, factors impacting severity?		
22. Does the recertification contain signature, date and professional identity of the therapist who established the plan?		
23. Is the recertification signed by the ordering provider within 30 days of the certification by the therapist? If not, is there documentation to support diligence in obtaining the signature and reason for late signature?		

Treatment Note	Yes	No
24. Does the treatment note include the following: <ul style="list-style-type: none"> • Date of treatment • Identification of each specific intervention/ modality provided • Both timed and untimed codes • Documented in language that can be compared with the codes billed 		
25. Does the treatment note also include the total of timed code treatment minutes and total treatment time in minutes?		
26. Does the treatment note include the signature and professional identification of who furnished (or supervised) the services and a list of each person who contributed to that treatment?		
27. If applicable, Does the note include any changes in patient condition or additions to treatment plan (required in either the treatment note or progress note)?		

References
<ul style="list-style-type: none"> • CMS Medicare Benefit Policy Manual (Pub. 100-02) Ch 15 sec 220: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf • LCD L34046: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcid=34046&ver=26&CntrctrSelected=239*1&Cntrctr=239&name=CGS+Administrators%2c+LLC+(15101%2c+MAC+-+Part+A)&DocType=2&LCntrctr=239*1&bc=AgACAACAIAAAAAA&= • https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM6698.pdf • https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf