

Inpatient Hospital Rehabilitation Audit of Key Issues

Medical Record #:

Dates of Service:

TOPIC	YES	NO	COMMENTS
Medical Necessity Well Documented to meet Admission Criteria			
Physician orders 3 hours of therapy per day, 5 days per week			
Physician documents reason for speech therapy			
Patient received 3 hours of therapy per 5 days or medical reason was documented if did not			
Interdisciplinary plan of care, goals and progress documented			
PAI Consent Signed			
Clear documentation of 3 day admission and discharge FIMs			
Correlation between PAI and FIM documentation in medical record			
Documentation of supervision of therapy student			
Signatures have credentials documented			
V57.89 is primary code			
Etiologic Code is 2 nd diagnosis on claim			
Impairment Group Assignment is Accurate			
PT & OT evaluations billed as one unit of service			
Correct Billing Units Assigned for PT, OT and Speech Therapy Services			