

## Eli's Rehab Report

### READER QUESTIONS: How to Avoid Duplication of Services

Question: Our facility is taking extra care to avoid duplication of services between physical therapists and occupational therapists on the same patient since the OIG noted that as an audit target earlier this year. So my question is, can a PT and an OT work on the same patient and both address the same diagnosis? For example, can an OT work on balance while the PT addresses the patient's balance as well? Where should we draw the line?

Washington Subscriber

Answer: If you're talking about Medicare, payers tend to allow a physical therapist and an occupational therapist, or an occupational therapist and a speech-language pathologist, to see the same patient for the same diagnosis. And they can provide similar interventions--the key is, the therapists should be working toward different goals.

For example, the OT and PT may both be working on balance issues, but if the OT is working on balance to address an activities-of-daily-living goal, like meal preparation, and the PT is working on balance for the patient's gait and a stair-climbing goal, that is acceptable.

Watch for: Non-Medicare payers, such as Aetna, tend to frown on a PT and OT seeing the patient for the same diagnosis. Aetna tends to pay the PT claim and deny the OT claim as a duplication of services.

But again, you have to consider if the interventions were truly a duplication of services, or if the two disciplines were really working on separate and distinct goals. If they were addressing separate goals, make sure you appeal that denial to the payer. And remember, the decision will come down to your documentation, so be clear about the distinct goals to begin with.

Reader Questions were answered by **Rick Gawenda, PT**, director of physical medicine and rehabilitation for Detroit Receiving Hospital and owner of Gawenda Seminars.