

Frequency of Treatments – How to Determine & How to Support

As treating clinicians, we unfortunately get ourselves into routines. For example, “All patients should be treated for 45 min/day, 5 X/week for 4 weeks.” But we all know this is a false statement. Each individual patient brings his/her own complex medical histories, multiple co-morbidities, family support, etc. So how do we determine the frequency, intensity & duration for each patient we treat?

Regulations state, “The amount, frequency and duration of the services must be reasonable under accepted standards of practice.”

The needs of the patient drive the frequency, intensity & duration. Factors to consider are the following:

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| ☞ Diagnoses | ☞ Rehab potential |
| ☞ Comorbidities | ☞ Prior hospitalizations |
| ☞ Patient’s medical condition | ☞ Patient’s long term goals |
| ☞ Patient motivation | ☞ Prognosis |
| ☞ Patient tolerance | ☞ Risk for setback |
| ☞ Ability to retain knowledge | ☞ Family or caregiver support |
| ☞ # of disciplines treating at same time | ☞ Discharge plan |

IRO findings still reflect issues with changing frequency & intensity with no supporting documentation to include a clear clinical rationale for the change. This has resulted in disallowed treatment minutes. We all work too hard to maintain quality patient care and DO NOT want to see our services denied!

Documentation to reflect change in frequency for a one-time exception:

- “Patient missed PT treatment today due to medical procedure at physician’s office. Treatment will be rescheduled as soon as clinically appropriate.”
- “Due to Christmas holiday falling on Thursday and patient not wishing to be treated Christmas day, treatment session omitted and will be provided on Saturday this week.”
- “Patient feeling ill today and wishes to make up treatment another day this week.”
- “Patient only received a portion of her SLP treatment due to patient c/o fatigue. Portion of treatment not provided today but will be rescheduled as soon as clinically appropriate.”

Best practices for changes in frequency:

- Consider ramping treatment frequency up or down in preparation for transitional discharge or patient tolerance to treatment.
- It may be appropriate for clinicians to taper the frequency of visits as the patient progresses toward an independent or caregiver assisted self-management program, i.e., Restorative Plan of Care.

Example: Treatment may be provided 5 X/week for 2 weeks, then 2 X/week for 1 week. Depending on the patient's condition, such treatment may result in better outcomes and provide a transition from skilled rehab to caregiver assistance to maintain the gains made in rehab in the LTC setting. Changes to frequency may be made based on the clinician's judgment. In this situation, documentation must reflect the rationale behind the tapering of frequency of visits.

- There may be instances when the patient's condition changes that would necessitate a permanent change to the frequency planned that would require a change on an updated POC, signed by the physician and/or certification order.

Example: A patient's tolerance for treatment has increased and an additional treatment day per week is now planned. OT frequency will increase from 5X to 6X/week to facilitate progress toward discharge goals or return to home. Documentation must be clear in the medical record to reflect the necessary change and documented skilled interventions provided in the treatment note.

Remember these things:

1. Frequency, intensity & duration are determined for each patient specific to need and based on a comprehensive evaluation.
2. If there is a one-time exception for exceeding the frequency & intensity, documentation must support the clinical rationale.
3. If there is a change in the patient's condition necessitating a permanent change to the frequency, this would require a change on the POC with a physician's signature or a clarification order.
4. **If documentation does not clearly support the clinical rationale for a change in frequency, intensity or duration, minutes may be disallowed!**

Whatever the situation with **changes in frequency**, you must document, document, **document with a clear rationale...**