

Wisconsin Medicaid update

department of health and family services

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To:

HMOs and Other
Managed Care
Programs

Hospitals (Offsite
Therapy
Services)

Nursing Homes

Occupational
Therapists

Physical
Therapists

Rehabilitation
Agencies

School-based
Services

Speech and
Hearing Clinics

Speech Language
Pathologists

Therapy Groups

Therapy services clinical documentation and record-keeping requirements

Wisconsin Medicaid requires physical therapists, occupational therapists, and speech language pathologists to document services in the recipient's medical record.

Documentation requirements

This Update consolidates information provided in previous Medicaid Updates and handbooks to clarify Wisconsin Medicaid documentation requirements for therapy services for each date of service. The documentation and record-keeping requirements are referenced under HFS 106.02(9), and HFS 107.02(2)(e), Wis. Admin. Code.

This Update applies to fee-for-service Medicaid providers only. If you are a Medicaid managed care provider, contact your managed care organization for more information about their procedures.

Written entry required for each date of service

Wisconsin Medicaid requires a written entry in a recipient's medical record for each date a therapy service is provided to the recipient. The entry must include the signatures and credentials of the performing provider and, when necessary, the appropriate supervising therapist.

Providers must include all of the following information in the recipient's medical record:

- Date and duration of the treatment session.
- Problem(s) treated.
- Specific treatment activities/interventions as well as the associated procedure codes.
- Objective measurement of the recipient's response during the treatment session.

When a treatment session does not occur as scheduled, note the reason in the recipient's medical record.

In the event of a provider audit, auditors will review any or all of the provider/recipient records, as maintained per HFS 105.02, HFS 106.02(9), and HFS 107.02(2)(e), Wis. Admin. Code, that support reimbursement for a specific date of service. Wisconsin Medicaid considers records limited to checklists with attendance, procedure codes, and units of time as insufficient to meet this date-of-service documentation.

Wisconsin Medicaid requires providers to keep this documentation in a recipient's record for at least five years.

These requirements are not new

The documentation and record-keeping requirements included above are not new requirements. Meeting the above documentation requirements helps providers:

- Document an accurate, complete, and legible description of each service provided, as required by HFS 106.02(9)(a)3.
- Have the necessary documentation available, in case of an audit, to support billing Medicaid for the service.

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

Wisconsin Medicaid is administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our web site at www.dhfs.state.wi.us/medicaid.