The following tips will help you complete a Grid for an evaluation and subsequent visits with your patients. You will need a grid for clients with MEDICARE, INSURANCE, and CONTRACT AGENCIES. The grid for Medicare is different than the Insurance Grid and Contract Agencies Grid. Be sure to download the correct grid for your client when downloading from our website.

The therapist chooses the CPT codes for each visit—We cannot change them; thus, this reduces fraud. In addition to you choosing the appropriate CPT codes, the grid is also your bill to Therapy In Your Home. The CPT Codes are how we bill clients. *Also, some therapists use the grid for all clients, to keep track of visits and use it as their bill to us*.

For MEDICARE, this is our opportunity to document that therapy works, how close we get to our goals of improvement OR decline (thus meeting guidelines for MAINTENANCE. TIYH cannot submit a bill to Medicare for your services if some of this information is missing.

To save time in writing notes, you can summarize several visit notes into one--with each date of service listed on the summary. Each time a summary note is submitted, the Grid with the same dates should accompany that note. If you are submitting daily notes, a grid would accompany that note each time.

SAVING your documentation in a way that is efficient and organized:

We request you save your notes in one Therapy In Your Home file, and label them so they are all organized by client and date: Use this format: “Client name (two spaces) Date (as yymmdd) Your last name and Title of the document”. For instance “Smith 171025 GROVES Eval and Grid” This system works has worked amazingly well for us for 20 years.

ABOUT THE GRID:

The grid is comprised of 10 columns allowing for recording of 10 visits. Each visit must have a date at the top of the column. The first column is the Evaluation. You will mark an XX in one Evaluation complexity.

In addition, you must bill for your treatment time. Although Evaluations per se are ‘untimed’ you will still want to be paid. Thus, you will choose the treatment you worked on for each visit. Treatment is marked in units. 15 minutes = 1 unit

30 minutes = 2 units 45 minutes = 3 units, and 60 minutes = 4 units and so on.

ALL MEDICARE, INSURANCE, and CONTRACT AGENCIES pay ONLY

for 1-hour visits. You will want to manage your time effectively so that you can also complete your note and grid for each visit. Usually your eval does not have to be completed on the first visit, so use some of your subsequent visits to complete your eval. Be sure to date and mark eval information in the first column. You can say in your eval that data was collected over several days.

Evaluation: MEDICARE’s G-Codes: (Limitation Reporting Area and % Disabled)

-Pick a Limitation Reporting Area from the list above the Patient Specific Functional Scale: Mobility, Position, Handling, Self-Care, Other, Swallow, Attention, Memory, Motor Speech, Spoken Language Comp, Spoken Language Expr, Voice. (see area in yellow, below). The importance of what you pick is not as important as it might seem, just pick one. Write it in the first box on the grid. (see yellow “MOB” (for Mobility) in top portion of grid, below).

PATIENT SPECIFIC FUNCTIONAL SCALE

 G code area\_\_\_\_\_(Pick from: Mobility, Position, Handling, Self-Care, Other, Swallow, Attention, Memory, Motor Speech, Spoken Language Comp, Spoken Language Expr, Voice)

|  |  |  |  |
| --- | --- | --- | --- |
| I am going to ask you to identify up to three important activities and areas of participation that you are unable to do or are having difficulty with as a result of the problems you described. 10 = unable, 0 = fully able.(This is not a problem list, these are areas of engagement, what the client DOES that is not up to par.)Convert the 0-10 scale to %: i.e.: 3 =30% | We may want to compare how you’re doing after therapy, so on a scale of 0 to 10, (10 = unable to do activity), HOW MUCH does this problem interfere with the activities or participation?  | You, therapists, list your goal for each area. (0 = fully able) | When I assessed you on (date) you told me that you had difficulty with (read activities). **Today do you still have trouble with (read and score each activity).**  |

**G-Code reporting**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WHICH limitation area?:**  | **MOB** |  | **A =****75%** |  % Impaired: **NOW****GOAL %** |   |  |   | % Impaired:**GOAL** **DC status** | C=  |
| Assess at Eval, at 10th visit, and at DC (or 30 days)  | **B= 33%** | D= |

-When you do your evaluation using the templates on the website, it includes the *Patient Specific Functional Scale*, example below. You will use the numbers in the two middle columns of the *Scale* to complete the first column on your grid. (See **red %s** in *scale* and top portion of grid, below**:** 75% over 33%). These are “PERCENT DISABLED” numbers. Onenumber, for the “% Impaired Now”, goes in the first date-of-service column’s topbox (A= ). Underneath it, in the lower part of the box, you put in “% Impaired Goal” (B= ).

 PATIENT SPECIFIC FUNCTIONAL SCALE

 G code area\_\_\_\_\_(Pick from: Mobility, Position, Handling, Self-Care, Other, Swallow, Attention, Memory, Motor Speech, Spoken Language Comp, Spoken Language Expr, Voice)

|  |  |  |  |
| --- | --- | --- | --- |
| I am going to ask you to identify up to three important activities and areas of participation that you are unable to do or are having difficulty with as a result of the problems you described. 10 = unable, 0 = fully able.(This is not a problem list, these are areas of engagement, what the client DOES that is not up to par.)Convert the 0-10 scale to %: i.e.: 3 =30% | We may want to compare how you’re doing after therapy, so on a scale of 0 to 10, (10 = unable to do activity), HOW MUCH does this problem interfere with the activities or participation?  | You, therapists, list your goal for each area. (0 = fully able) | When I assessed you on (date) you told me that you had difficulty with (read activities). **Today do you still have trouble with (read and score each activity).**  |
| 1. Unable to care for cat (feed, clean box) without back pain2. Fearful of stairs, going up to my bedroom3. Not comfortable asking aide to do more exercises w me | 1. 100%2. 50%3. 75%  | 1. 10%2. 0%3. 0% | 1. 2.3. |
| Totals: add scores and divide by # activities: i.e. If scores were 10 + 5 + 7.5 = 22.5, (or 100% + 50% + 75% = 225%) divide by 3 activities, would be: 225/3 = 75%  | Total**: 75%****This % goes in box A on grid** |  33% This % goes in box B and C on grid | Total:**This % goes in box D on grid** |

The red % numbers above go in the Eval’s first column on the grid shown below. See **75%** and **33%.** The yellow abbreviation is from the G code area options listed at the top of the grid. Insurance grids do not need the percents or G codes UNLESS the secondary insurance is Medicare, which it often is, so plan to use the Medicare grid for most adults.

**G-Code reporting**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WHICH limitation area?:**  | **MOB** |  | **A =****75%** |  % Impaired: **NOW****GOAL %** |   |  |   | % Impaired:**GOAL** **DC status** | C=  |
| Assess at Eval, at 10th visit, and at DC (or 30 days)  | **B= 33%** | D= |

10th visit OR Discharge

Upon DC, or at your 10th visit, go back to your first visit/eval and copy and insert the whole Patient Specific Functional Scale into your DC or 10th visit note. Now, complete the last column of the Scale to get the numbers that go in the last column on your GRID, along with the Goal Number. (See **brown %** numbers, below)

|  |  |  |  |
| --- | --- | --- | --- |
| I am going to ask you to identify up to three important activities and areas of participation that you are unable to do or are having difficulty with as a result of the problems you described. 10 = unable, 0 = fully able.(This is not a problem list, these are areas of engagement, what the client DOES that is not up to par.)Convert the 0-10 scale to %: i.e.: 3 =30% | We may want to compare how you’re doing after therapy, so on a scale of 0 to 10, (10 = unable to do activity), HOW MUCH does this problem interfere with the activities or participation?  | You, therapists, list your goal for each area. (0 = fully able) | When I assessed you on (date) you told me that you had difficulty with (read activities). **Today do you still have trouble with (read and score each activity).**  |
| 1. Unable to care for cat (feed, clean box) without back pain2. Fearful of stairs, going up to my bedroom3. Not comfortable asking aide to do more exercises w me | 1. 100%2. 50%3. 75%  | 1. 10%2. 0%3. 0% | 1. 50% (in PM, not AM)2. 0%3. 10%, talks to aide,,dtr follows up |
| Totals: add scores and divide by # activities: i.e. If scores were 2 + 4 + 1 = 7, (or 20% + 40% + 10 %= 70%) divide by 3 activities, would be: 70%,/3 = 23%  | Total: 75%**This % goes in box A on grid** | 33%This % goes in box B and C on grid | Total: **20%****This % goes in box D on grid** |

See brown numbers on the Scale above and on the Grid below. Note that the goal number is the bottom number in the first column and the top number on the last column.

|  |  |
| --- | --- |
| **G-Code reporting**  |  |
| **WHICH limitation area?:**  | **MOB** |  | **A=****75** |  % Impaired: **NOW****GOAL %** |   |  |   | % Impaired:**GOAL** **DC status** | **C=33** |
| Assess at Eval, at 10th visit, and at DC (or 30 days)  | B=33 | **D=20** |

11th visit: Re-evaluation

For your 11th visit note, you can SAVE TIME by copying your entire evaluation-- including the functional scale--and update the dates (in footer or header, and by your signature), make changes in status, and update the plan into a new document. Start by stating: “This is the 11th visit re-eval….” Then make new goals in your *Patient Specific Functional Scale.*

**Recertifications and POC**

To keep orders up to date the office will send your 11th visit re-eval to the MD and keep track of when we need new orders. If new orders are needed before an evaluation visit is needed we will send you a recertification page, pre-filled so all you need to do is update your goals and plan. When you get that back to us, we will send it to the MD and let you know when new orders are needed.

POC

For the 11 to 20th visit, depending on the needs of the patient we encourage you to extend your plan of care to cover more time at less frequency, and be determining how the patient will meet their long term needs. We can meet maintenance needs. Call the office for written guidelines from Medicare about when maintenance is appropriate and why.

COMPLETE THE BALANCE OF THE GRID:

1. Date
2. Eval code: guidelines are on the website, there is no additional pay. Use an “X” only, this is untimed. During home visits, few evaluations are purely objective, when the evaluation is not part of the time you spent with the client, without some instruction, too. So, unless you need to leave out time when you were ONLY evaluating, as a distinct service, then bill for your time with the patient.
3. CPT codes: 1 unit = 15 minutes. So add 4 units, (1 hour) usually, spread over all the things you did. Sometimes we’ll tell you that a certain insurance doesn’t cover a code, like Tri-care doesn’t cover 97530. Please adjust your documentation accordingly.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TREATMENT: |  | date | date | date | date | date | date | date | date | date | date |
| *ADD UNITS/day 15 minutes = 1 unit* | 1-1-17  | 1-8-17 | 1-16-17 | 1-21-17 |  |  |  |  |  |   |
| *Eval* 97165*: Low Complexity*  |  |   |  |  |  |  |   |  |  |   |
| *Eval 97166: Mod Complexity*  | **xxxx** |  |  |  |  |  |  |  |  |  |
| *Eval 97167: High Complexity*  |  |  |  |  |  |  |  |  |  |  |
| *Re-Evaluation 97168:*  |  |  |  |  |  |  |  |  |  |  |
| **97110 Therapeutic Exercise** |  |  |  |  |  |  |  |  |  |  |
| Strength and Endurance, ROM, Muscle F lexibility (for specific skill) | 2 | 2 | 2 | 2 |  |  |  |  |  |  |
| **97112 Neuromuscular Reeducation** |  |  |  |  |  |  |  |  |  |  |
| Balance, Coordination, Posture, Kinesthetic sense, Proprioception for sitting and standing (for Re-Ed) | 2 |  2 |   |  |  |  |  |  |  |  |
| **97116 Gait Training** |  |  |  |  |  |  |  |  |  |  |
| Stair Climbing, Balance and Wt shift |  |  | 2 |  |  |  |  |  |  |  |
| Bilateral Coordination |  |   |  | 2 |  |  |  |  |  |  |

THANK YOU! Call with questions.

There is an instruction sheet by payer source on the website so you can see what each payor is expecting of you. Here is what TIYH expects of you:

* Think:
* Be patient centered, think about what the client, payer and referral source need and address that need
* Communicate with those who need to know
* Respond when we call you, even if it’s to say you are too busy. We have no problem with saying, “No”. We want you happy not stressed.
* Be accurate and efficient
* Enjoy the process
* Ask for help! We have tips, resources, encouragement, guidance.

Julie, Felicia and Barbara