

9505.0412 REQUIRED DOCUMENTATION OF REHABILITATIVE AND THERAPEUTIC SERVICES.

A rehabilitative or therapeutic service provided under parts 9505.0385, 9505.0386, 9505.0390, 9505.0391, 9505.0395, 9505.0410, and 9505.0411 must be documented as specified in items A to D.

A. The service must be specified in the recipient's plan of care that is reviewed and revised as medically necessary by the recipient's physician at least once every 90 days. If the service is to a recipient who is also eligible for Medicare and the service is a Medicare covered service, the plan of care must be reviewed in compliance with Code of Federal Regulations, title 42, chapter IV, subchapter G, part 485, subpart H, section 485.711.

B. The recipient's plan of care must state:

- (1) the recipient's medical and treatment diagnosis and any contraindications to treatment;
- (2) a description of the recipient's functional status;
- (3) the objectives of the rehabilitative and therapeutic service; and
- (4) a description of the recipient's progress toward the objectives in subitem (3).

C. The recipient's plan of care must be signed by the recipient's physician or other licensed practitioner of the healing arts.

D. The record of the recipient's service must show:

- (1) the date, type, length, and scope of each rehabilitative and therapeutic service provided to the recipient;
- (2) the name or names and titles of the persons providing each rehabilitative and therapeutic service;
- (3) the name or names and titles of the persons supervising or directing the provision of each rehabilitative and therapeutic service; and
- (4) documented evidence of progress at least every 30 days, by the therapist providing or supervising the services, other than an initial evaluation, that the therapy's nature, scope, duration, and intensity are appropriate to the medical condition of the recipient in accordance with Minnesota Statutes, section 256B.433, subdivision 2.

Statutory Authority: *MS s 256B.04*

History: *15 SR 2404; 38 SR 246*

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