



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

Mangum Regional Medical Center

TITLE		POLICY	
Therapy Documentation		600	
MANUAL	EFFECTIVE DATE	REVIEW DATE	
Rehabilitation			
DEPARTMENT	REFERENCE		
Rehabilitation Services			

SCOPE: All professional rehabilitation staff providing therapy services at Mangum Regional Medical Center.

PURPOSE: To describe the rehabilitation services’ policy for completing the evaluation referral and required documentation.

POLICY: Documentation will be completed on approved rehabilitation services and facility forms or electronic record. Only approved abbreviations will be utilized. Authorized, licensed rehabilitation staff only, will document in the medical record.

PROCEDURE:

1. General documentation includes:
 - a. Physician’s orders
 - b. Admission intake
 - c. Initial evaluation and treatment plan
 - d. Daily treatment record
 - e. Progress summary
 - f. Care plans
 - g. Billing record
 - h. Discharge summary
2. Daily documentation should include:
 - a. Treatment and education received:
 - b. Reason if treatment missed:
 - c. Response to treatment:
 - d. Units of service per procedure:
 - e. Total treatment minutes:
 - f. Total time-based treatment minutes or minutes per procedure code:
 - g. Date and time with signature:
 - h. And any other information relevant to the patient.

3. Co-signature of the assistant's notes will comply with state requirement and/or payor requirement, whichever is more restrictive.

REVISIONS/UPDATES

Date	Brief Description of Revision/Change