GUIDELINES: PEER REVIEW TRAINING  BOD G03-05-15-40 [Amended BOD 03-04-17-41; BOD 03-01-14-50; BOD 03-99-15-48; Initial BOD 06-97-03-06] [Guideline]

I. Purpose

Guidelines: Peer Review Training provide direction to APTA chapters and sections, to physical therapy services, and to individual physical therapists who want to develop or pursue training in the peer review of the provision of physical therapy. These Guidelines are APTA-approved, nonbinding statements of advice intended to promote standardization both in the content of peer review training and in the performance of peer review. They also may be helpful as a tool for self-review. It is important to note, however, that these Guidelines do not provide the training itself.

Specifically, these Guidelines:

- Describe peer review.
- Delineate the underlying principles of peer review.
- Describe the content areas required for peer review training.
- Provide a framework for the training process.
- Provide a list of tools required both for peer review training and for the performance of peer review.

In addition to having the knowledge described in these Guidelines, a physical therapist providing external peer review services:

- Should be a licensed physical therapist, with no history of license suspension or revocation.
- Should be a member of APTA.
- Should have current clinical expertise in the area of the review.
- Is recommended to have a minimum of 5 years of clinical experience.

II. Description of Peer Review

The purposes of peer review are to educate physical therapists to: (1) uphold professional standards, (2) be accountable to the public, and (3) be consistent in interactions with payers and managed care organizations. Peer review provides a framework to evaluate the quality, the medical necessity, and the appropriateness of the physical therapy provided. It can lead to identification of the need for corrective actions and can provide instructive feedback to practitioners.

Definitions

Claims review: Review of the billing record that may result in identification of issues that may require medical review.

Guidelines: APTA defines "guidelines" as a statement of advice.

Medical Review: Review of the medical record based on standards of practice in regard to medical necessity and appropriateness of care.

Peer: A person of the same profession who is like-licensed.

Peer review: A system by which peers with similar areas of expertise assess the quality of physical therapy provided, using accepted practice standards and guidelines.

Internal: The process in which a physical therapist reviews the services provided by peers within a physical therapy service.

External: The process in which a physical therapists reviews physical therapy provided by a peer outside of the reviews physical therapy service a the request of a payer, a medical review organization, a professional organization, or a regulatory agency.

Utilization review: Utilization review is a system for reviewing the medial necessity, appropriateness, and reasonableness of services proposed or provided services to a patient or group of patients. This review is conducted on a prospective, concurrent, and/or retrospective basis to reduce the incidence of unnecessary and/or inappropriate provision of services. Utilization review is a process that has two primary purposes: to improve the quality of services (and patient outcomes) and to ensure the efficient expenditure of money.
Internal peer review and external peer review are based on the same principles and guiding documents (e.g., APTA's Standards of Practice for Physical Therapy and the Criteria, and the Guide to Physical Therapist Practice.) They differ, however, in the source of the request for the review, the party to whom the report is sent, and the final actions. Internal peer review may result in self-correction (by an individual physical therapist or physical therapy service), whereas external peer review may result in a reimbursement, provider status, licensure, accreditation, or credentialing decision. Internal peer review processes may include additional requirements that reflect the type of practice setting or the individual service's policies and procedures.

An internal peer review process may assist a physical therapy service with the following:

- Performing quality improvement review.
- Providing for continuing professional competence and growth.
- Assessing medical necessity, effectiveness of intervention, and patient/client outcomes.
- Identifying problems and possible corrective actions.
- Meeting the requirements of regulatory agencies.
- Preparing for credentialing (e.g., by managed care organizations) of an individual physical therapist or a physical therapy service.

An external peer review process may assist with the following:

- Determining (concurrently or retroactively) medical necessity and appropriateness of care for payers, managed care organizations, provider networks, and governmental agencies (e.g., agencies governing Medicaid and Medicare, state physical therapy licensing boards) that request a review of a physical therapist's performance or a physical therapy service's performance.
- Providing a quality assurance review.
- Determining fair and equitable levels of reimbursement.

III. Training Content

A. Principles of Peer Review

A physical therapist performing peer review must have a working knowledge of the following principles:

- A peer review process performed by a physical therapist assesses the physical therapy provided based on APTA's Standards of Practice for Physical Therapy and the Criteria; the Guide to Physical Therapist Practice; other core documents; and, when applicable, state laws and chapter documents.

Peer review of physical therapy services is provided only by physical therapists who possess an active license without current sanctions to practice physical therapy. This peer review shall be based on American Physical Therapy Association (APTA) Standards of Practice for Physical Therapy and other pertinent documents including state practice acts. APTA is opposed to any activities related to peer review that may adversely impact a physical therapist's plan of care or intervention without the involvement of a physical therapist peer reviewer. Adverse physical therapy patient/client management decisions made without the involvement of a physical therapist reviewer may constitute the unlawful practice of physical therapy. (Peer Review of Physical Therapy Services, House of Delegates Position).

- The peer review process is a quality improvement mechanism that applies to all physical therapists and to all patient management provided by physical therapists.
- The peer review process, both internal and external, is appropriate for use in a variety of physical therapy settings.
- APTA core documents, including the Standards of Practice for Physical Therapy and the Criteria and the Guidelines: Physical Therapy Documentation of Patient/Client Management, and the Guide to Physical Therapist Practice put forth minimal requirements for documentation and practice and apply to all physical therapy settings. The physical therapy service is encouraged to set optimal requirements to promote quality improvement in practice.
The clinical expertise of the physical therapist providing the peer review should be commensurate with that of the physical therapist(s) whose services are being reviewed and have a minimum of 5 years of clinical experience.

A physical therapist should apply the Guidelines and standards for peer review of the provision of physical therapy.

Peer review must be performed with impartiality and objectivity.

In the performance of peer review, as in other areas of practice, physical therapists are legally and ethically accountable for the services provided.

B. Documentation

A physical therapist performing peer review must have a working knowledge of physical therapy documentation as described by APTA's Guidelines: Physical Therapy Documentation of Patient/Client Management. Training should be based on the understanding that documentation is a:

- Chronological record of the physical therapy provided.
- Legal medical document.
- Means of communication with other health care providers.
- Reflection of medical necessity.
- Rationale for care.
- Method to demonstrate outcomes.
- Record of the effectiveness of intervention.
- Means to support reimbursement.

Documentation should reflect the critical thinking and sound professional judgment that are required for patient/client management. Documentation should show that the physical therapist integrates the five elements of patient/client care—examination, evaluation, diagnosis, prognosis, and intervention—in a manner designed to maximize a patient's/client's outcome. Training therefore should provide a working knowledge of the following:

- Guide to Physical Therapist Practice.
- Chapter guidelines, when applicable.
- Functional assessment tools and various types of outcomes and their relationship (or lack of relationship) to functioning.

C. Billing and Coding

A physical therapist performing peer review must have an understanding of billing, coding and confidentiality, including but not limited to diagnostic classification systems, current or applicable Current Procedural Terminology (CPT) and Relative Value Resource Based System (RVRBS) guidelines, current Medicare and Medicaid regulatory guidelines, The Health Insurance Portability and Accountability Act (HIPAA) or other accepted codes or guidelines used for billing.

Training should be based on the following principles:

- Documentation must substantiate the number and description of CPT or other accepted codes used for billing.
- Contracts may include specific exclusions or limitation of the services to be provided.
  Application and interpretation of contracts is the responsibility of the payer. Physical therapist
peer review addresses medical necessity and appropriateness of care, not contractual agreements.

- The party requesting peer review may ask the reviewer to comment on the fees associated with the services or codes billed. The peer reviewer may choose to make recommendations concerning appropriate payment based on his or her knowledge of (a) the value of the services and (b) standardized and accepted payment methodologies (e.g., RVRBS). It is not the peer reviewer's role, however, to determine actual payment for services.

D. Record Review

A physical therapist performing peer review must have a working knowledge of record review. Training should address each step of record review. These steps include:

1. Organize and record the documents that are provided.
2. Determine whether the documents are adequate for the purpose of peer review, and request additional information when necessary.
3. Review the claims made.
4. Match the record to the billings.
5. Review the medical record and assess it relative to identified standards, guidelines, state laws, and regulations, including Standards of Practice for Physical Therapy and the Criteria, and the Guide to Physical Therapist Practice. (A checklist may be useful in organizing the review process.)
6. Evaluate findings, answering such key questions as:
   a) Were services provided by appropriate personnel?
   b) Is there evidence of coordination and communication with other health care professionals as appropriate?
   c) Does the record reflect timely patient/client-related instruction, including a home program and education of patient/client, family, significant other, and caregiver?
   d) Is there measurable, sustainable, and functional progress toward defined goals and outcomes, with reference to ongoing discharge planning?
   e) Does the record reflect appropriate changes in patient/client management strategy? Is there evidence of critical thinking, professional judgment, and skilled interventions?
   f) Does the documentation link impairment, activity limitation, and participation restriction to predicted functional outcomes and the physical therapy plan of care?
   g) Is the billing supported by the documentation?
7. Develop conclusions and recommendations based on evaluation of the record using the established standards, guidelines, state laws, and regulations.
8. Answer any specific or additional questions that have been posed by the party requesting the review.

E. Report Writing

A physical therapist performing peer review must have a working knowledge of report writing. Training should address each item of a peer review report, including, but not limited to:

- Basic identification information for each file (e.g., patient/client ID #, claim #).
- The list of records and claims received by the peer reviewer.
- Documents on which the review is based (e.g., Standards of Practice for Physical Therapy and the Criteria, Guidelines: Physical Therapy Documentation of Patient/Client Management, the Guide to Physical Therapist Practice, and state practice act).
- The results of the claims review and the medical review.
- Conclusions.
- Recommendations.
- Answers to specific questions and concerns.
• A disclaimer indicating that the payer is ultimately responsible for the payment or the denial of the claim.
• Invoice, if appropriate.

Training also should encourage the physical therapist reviewer to:
• Substantiate the findings of peer review by quoting from the preamble of APTA's Standards of Practice for Physical Therapy and the Criteria: "These Standards are the profession's statement of conditions and performance that are essential for provision of high-quality physical therapy. The Standards provide a foundation for assessment of physical therapy practice."
• Be as specific as possible, quoting the medical record, APTA's Standards of Practice for Physical Therapy and the Criteria, the Guide to Physical Therapist Practice, and state statutes to support conclusions.
• Assess overall quality of the physical therapy provided, but be very specific in the report itself regarding whether the physical therapy provided meets APTA's Standards of Practice for Physical Therapy and the Criteria and therefore, criteria for medical necessity and appropriateness of care.
• Use language that reflects that recommendations are based only on medical necessity and appropriateness of care. (Recommendations should not indicate whether a claim should be paid.)

F. Claims Appeals

A physical therapist performing peer review must have a working knowledge of the claims appeals process of each payer and should encourage payers to develop an appeals process if one does not exist. Training should emphasize the following:
• When an appeals process is initiated, the peer reviewer may review additional information and write an addendum to the original report.
• The appeals process should include the option for the provider to receive a review by another peer reviewer if the provider and the original reviewer are unable to reach agreement.

G. Communication With Payers

Physical therapists performing peer review should use communication with payers as an opportunity to educate them about the appropriate utilization of physical therapy. Training should emphasize that, at a minimum, communication must convey the following principles:
• Professional guidelines and standards used in peer review can be appropriately applied only by a physical therapist.
• It is critical for the payer requesting the review to supply the entire record, including referral, when applicable; initial examination and evaluation; daily notes; progress reports; billings; and background information from other providers.
• The terms physical therapy and physiotherapy should be used only in reference to services that are provided by or under the direction and supervision of a licensed physical therapist/physiotherapist and, when so used, these terms are synonymous.

Training should also instruct physical therapists in how to do the following as part of the peer review process:
• In all communications regarding the role of the physical therapist and the scope of physical therapist practice, emphasize that physical therapy can be provided or directed only by physical therapists.
• Provide pertinent documents to educate payers about the scope of physical therapist practice and about appropriate utilization of physical therapy (e.g., APTA's Guide to Physical Therapist Practice, and APTA's Guidelines: Physical Therapy Claims Review).
• Encourage or support an appropriate appeals process.
• Promote positive communication among payers, reviewers, and providers.
• Encourage payers to inform physical therapy providers of the peer review process.

H. Communication with Providers

Communication with providers should have an educational focus. Training should address the following:
• Different types of review (retrospective, concurrent, prospective) require different means of communication.
• Communication should be based on established guidelines and should direct providers to pertinent resources.
• All conclusions and recommendations should be based on available physical therapy documentation and established standards, guidelines, state laws, and regulations.

I. Marketing the Value of Peer Review

A physical therapist performing peer review must have a working knowledge of how to market the value of peer review to payers and providers. Training should instruct the physical therapist to base marketing efforts on the following:
• The value of peer review, including the value of established guidelines and nationally accepted professional standards as applied by a trained peer reviewer.
• The value of peer review in (a) ensuring adherence to professional standards, (b) promoting appropriate utilization outcomes through the education of physical therapists, and (c) ensuring accountability to the community for the quality of physical therapy provided.

Training also should emphasize:
• The importance of networking to develop relationships, using various marketing vehicles (e.g., telephone, visits, letters, brochures).
• The legal ramifications involved in marketing peer review services.

J. Ethical and Legal Issues

A physical therapist performing peer review must have a working knowledge of ethical and legal issues, including:
• State practice acts both for physical therapists and for non-physical therapists.
• Other state, jurisdiction, and federal rules, regulations, and statutes regarding (a) data privacy, (b) patient/client bill of rights, and (c) confidentiality.
• Facility policies and procedures regarding release of information.
• Reviewer's responsibility for obtaining liability protection coverage for performance of external reviews.
• Confidentiality in all matters related to the review process, with the understanding that the physical therapist reviewer should access information only when there is a need to know. Adherence to The Health Insurance Portability and Accountability Act (HIPAA).
• Potential conflicts of interest, which might skew the reviewer's judgment.
• Antitrust laws.
• Peer review contract negotiation with insurers, including clarification of (a) whether the reviewer is masked to the provider, (b) insurer expectations, and, (c) reviewer payment guidelines (i.e., paid per review or per hour).

Additional considerations:
• The reviewer should request that the review be referred to another reviewer when that review is beyond his or her own clinical expertise and body of knowledge.
• The reviewer should understand the ethical and legal dimensions of the claims appeals process.
IV. **Training Methods**

Suggested methods of peer review training (which does not have to be limited to a workshop) may include any of the following:
- Lecture and audiovisual presentations.
- Use of a training manual.
- Presentation of case studies during instruction or as part of post-course assessment.
- Use of self-assessment tools.
- Assignment of pre-program readings.
- Testing on course content.
- Small group discussions.
- "Test" reviews conducted with mentors and as a member of a review team.
- Use of interreviewer reliability determination as part of ongoing training.

When instructors are utilized, the following is suggested:
- The instructor, or at least one instructor of a training team, should be an experienced physical therapist peer reviewer.
- Instructors must ensure confidentiality throughout all sensitive material, regardless of whether that material is presented verbally or in writing.

The effectiveness of training efforts can be assessed through determination of interreviewer reliability.

V. **Recommended Resources**

Training should incorporate resources that include, but are not limited to:
- APTA’s Hooked on Evidence database
- APTA’s Core Documents:
  - Code of Ethics and Guide for Professional Conduct
  - Standards of Ethical Conduct for the Physical Therapist Assistant and Guide for Conduct of the Physical Therapist Assistant
  - Standards of Practice for Physical Therapy and the Criteria
  - Guidelines: Physical Therapy Documentation of Patient/Client Management
- Pertinent state practice acts.
- Pertinent state laws and regulations.
- Other related state and federal statutes (e.g., data privacy; liability protection, if available; patient bill of rights).
- Examples of release forms used and signed by patients/clients.
- Standards of utilization review accrediting bodies (e.g., American Accreditation HealthCare Commission/URAC).
- Confidentiality statements signed by reviewers.
- Bibliography of related topics in *Physical Therapy, PT--Magazine of Physical Therapy*, and other professional publications.
- Common Procedural Terminology (CPT Codes) (year specific) and CPT definitions.
- Diagnostic classifications systems (e.g., International Classification of Disease-9, Clinical Modification [ICD-9-CM]), [ICD-10-CM].
- Health Care Financing Administration Common Procedure Coding System (HCPCS).
- Various claim form samples.

Relationship to Vision 2020: Evidence Based Practice
(Practice Department, ext 3176)
Explaination of Reference Numbers:
BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.