



The Audit Tool With Proven Results

ChartVerify®, powered by LW Consulting, Inc. (LWCI), is a cloud-based platform that allows providers to conduct routine documentation audits anywhere. These audits allow providers to monitor technical and medical necessity documentation compliance over time.

The greatest benefit of ChartVerify® is the ability to trend and analyze the audit results as the input data grows. LWCI's team of compliance experts analyzed more than 7,500 Outpatient Therapy (OPT) documentation audits completed within the tool from 2020 through October 2024 by providers. This data provides a unique benchmarking opportunity while identifying common trends and risks.

If you have questions about the data below or have questions about how ChartVerify® can help your organization, contact Ashley Popovich at 570-431-0100 or email APopovich@LW-Consult.com.



5925 Stevenson Ave. | Suite G | Harrisburg, PA 17112
800-320-5401 | www.LW-Consult.com

Table 1.**2020 - 2024 Year Over Year (YOY) Comparison Average Compliance Scores**

Documentation Audit Risk Elements	2020	2021	2022	2023	2024
Discharge Summary Report	75.29%	83.56%	94.06%	84.06%	78.28%
Progress Report	81.72%	84.83%	97.25%	80.71%	81.55%
Initial Evaluation Goals	82.15%	85.69%	97.73%	88.19%	83.22%
Prior vs. Current Level of Function	78.52%	85.91%	95.08%	74.74%	84.01%
POC Updates/Certifications	92.34%	89.98%	98.25%	78.54%	82.35%
Initial Clinical Assessments	88.35%	91.42%	98.142%	95.29%	97.16%
Physical Examination	93.63%	92.71%	96.97%	95.68%	95.71%
Initial Evaluation POC Cert. Compliance	93.16%	94.07%	96.97%	96.68%	95.05%
Subjective	92.71%	94.80%	97.25%	93.29%	94.66%
Treatment Encounter Notes	94.56%	96.19%	98.06%	90.62%	92.73%
Coding and Billing	95.96%	96.83%	98.04%	93.83%	95.04%
Additional Compliance Risk Areas	94.88%	97.19%	98.99%	95.39%	95.18%
Therapy Intensity	98.91%	98.04%	97.73%	99.57%	99.55%
Overall Score	89.74%	91.85%	91.85%	90.07%	91.07%

In Table 1 above, the data shows the averages by year for each of the documentation audit risk elements. With this data, we identified areas of risk and analyzed these areas to show the specific questions that pose the most risk. On the upcoming pages, we will review which questions continue to be the most challenging, as well as provide some insight on some of these results.

Table 2. What Audit Questions Remain the Most Challenging?

Audit Question	Average Score
Is there evidence of due diligence or a delayed certification reason present supporting the company's process to follow up and obtain physician/NPP signatures to the POC Update/Recertification?	42.86%
Did the POC update provide an objective update to the progression, decrease in severity or rationalization, regression or achievement of goals?	52.59%
Did the documentation support all interventions billed for all visits?	53.60%
Did the Progress Report/Update(s) provide an objective update to the progression, decrease in severity or rationalization, regression or achievement of goals?	54.16%
Is there evidence of due diligence or a delayed certification reason present supporting the company's process to follow up and obtain physician/NPP signatures to the Initial Evaluation POC?	58.33%
Were goal achievement or lack of achievement objectively documented?	72.03%
Did the therapist document the most specific medical and therapy ICD-10 diagnosis codes based on the patient's reason for referral?	74.55%
Were skilled interventions adjusted throughout the episode of care based on the patient's condition and transition to a home program or additional level of care.	75.23%
Was Prior Level of Function (PLOF) documented by the therapist as it relates to the primary treatment focus and conditions?	79.84%
Did the therapist summarize the patient's treatment, progress, home exercises/caregiver training provided and functional discharge status with a functional outcome tool?	81.36%
Does the Progress Report clearly document the need for continuation or discharge of therapy services providing updates to the frequency, duration and intensity based upon the patient's potential to improve and having met/not met maximal medical improvement?	81.36%

 Was a challenge all 5 years.

 Was a challenge 4 out of 5 years.

 Was a challenge 3 out of 5 years.

 Was a challenge 2 out of 5 years.

**** The data is from 2020 through October of 2024.**

Progress Report

The *Progress Report* section remains around 81% compliant through the years, except for 2022. To get a better understanding of this data, we reviewed external audit findings by the Centers for Medicare & Medicaid Services (CMS) Medicare Administrator Contractors (MACs) and Supplemental Medical Review Contractors (SMRCs) for Therapy Providers. In this review, we found that non-compliance with Progress Report requirements is one of the top five denial reasons. The purpose of the Progress Report section under CMS is to set medical necessity of skilled services.

The top questions missed within the Progress Report section are shown below.

Did the Progress Report/Update(s) provide an objective update to the progression, decrease in severity or rationalization, regression or achievement of goals?

54.16%

Does the Progress Report clearly document the need for continuation or discharge of therapy services providing updates to the frequency, duration and intensity based upon the patient's potential to improve and having met/not met maximal medical improvement?

81.36%

**Average scores
shown in Table 2.

POC Updates/Certifications

The *POC Updates/Certification* section has trended downward over the past two years, averaging a score of 80.45%. A downward trend of this score is likely due to the difficulty for the therapist to document medical necessity for longer lengths of stay, especially if the KX modifier is applied. Documentation to support the use of the KX modifier requires the unique skills of a therapist. When therapists use the EMR filter drop-downs that are not unique to a patient, they do not convey the specific reason for skilled care. This has been a focus of payer audits.

The top question missed within the POC Updates/Certification section is shown below.

Did the POC update provide an objective update to the progression, decrease in severity or rationalization, regression or achievement of goals?

52.59%

**Average scores
shown in Table 2.

Treatment Encounter Notes

The *Treatment Encounter Notes* section has scored well on a five-year average trend of 94.4%. However, there is one question in this section that poses a risk to therapy providers that we will review.

The question shown below is designed to assess if the unique skills of a therapist were documented and required, which would require non-repetitive treatment services that could be performed as part of a Home Exercise Program (HEP). Continued repetitive activities without progression of new activities and the transition of older ones to HEPs demonstrates unique clinical skills. This is a top denial reason for many payers that the LWCI's audit team sees when auditing therapy charts.

Were skilled interventions adjusted throughout the episode of care based on the patient's condition and transition to a home program or additional level of care?

75.23%

**Average scores shown in Table 2.

Coding and Billing

The *Coding and Billing* section has also scored well on a five-year average trend of 95.95%. However, there is one question that poses a risk to therapy providers that we will review.

The question shown below is designed to assess whether each CPT Code billed is supported in the documentation, including handwritten exercise flow sheets, which are required to be legible and support minutes per CPT code, and may be compared to a patient schedule. This is another top denial reason provided when payers conduct audits of therapy providers.

This question also focuses specifically on the CPT code being supported and established on the Plan of Care.

Did the documentation support all interventions billed for all visits?

53.60%

**Average scores shown in Table 2.