

Changes to Reevaluation Timeframe

(effective March 1, 2015)

At its January 30th meeting, the PT Board adopted an amendment to §322.1. Provision of Services which will be effective March 1, 2015. The language in (d) Reevaluation has been amended to change the timeframe for re-evaluation of a patient from at a minimum of once every 30 days to at a minimum of once every 60 days before provision of physical therapy treatment by a physical therapist assistant (PTA) or a physical therapy aide can continue. The PT still has the discretion to reevaluate a patient more often if deemed necessary in their professional judgment.

Other provisions for the performance of a reevaluation remain unchanged. A reevaluation must be performed:

- in response to a change in the patient's medical status that affects physical therapy treatment,
- when a change in the physical therapy plan of care is needed, or
- prior to any planned discharge.

And a reevaluation must include:

- an onsite reexamination of the patient, and
- a review of the plan of care with appropriate continuation, revision, or termination of treatment.

Rules pertaining to the supervision of a PTA or aide are unaffected by this Rule amendment. The Board recommends that regulations and coverage policies of payer sources, i.e. Medicare, as well as employer/facility policies be reviewed to determine their specific requirements for reevaluation.

Additional Changes to Reevaluation

(effective September 4, 2016)

An additional update to §322.1. (d) Reevaluation was adopted at the PT Board's August 12, 2016 meeting. The amendment replaces "an onsite reexamination of the patient" with "direct physical therapist-to-patient interaction" in section (2):

(2) A reevaluation must include:

- (A) Direct physical therapist-to-patient interaction; and
- (B) A review of the plan of care with appropriate continuation, revision, or termination of treatment.

The change leaves the assessment decisions to the discretion of the physical therapist based on their professional clinical judgement instead of requiring a complete reexamination of the patient.