

OT Mastery

Documenting Skilled Outpatient Services

1. Which of the following professionals CANNOT refer a patient to outpatient OT services?

- A. Psychiatric/mental health nurse practitioner
- B. Physician assistant
- C. Medical doctor
- D. Licensed practical nurse

2. Which of the following is a universal classification system that is used to categorize diagnoses for coding and billing purposes?

- A. HIPAA
- B. ICD-11
- C. CPT-10
- D. HCPCS

3. Is it more helpful for a patient's diagnosis code to be broad or specific?

- A. Broad, as this allows therapists to make their own interpretations and treatment plans
- B. Broad, as this allows patients to be treated by multiple providers, if needed
- C. Specific, as this best demonstrates medical necessity and helps therapists prepare for treatment with each patient
- D. Specific, as this allows patients to get discounts on medical care

4. In order for a patient to have direct access to outpatient OT services, what criteria must be met?

- A. The OT must have at least 3 years of clinical experience
- B. The OT must not be affiliated with any OTAs
- C. The OT must provide telehealth services only
- D. The OT must be licensed to practice in 2 states or more

5. Which of the following is NOT a function of the referring provider?

- A. To assist with insurance reimbursement by reviewing and certifying progress notes and other required documentation
- B. To maintain communication with the treating OT
- C. To address more complex medical concerns that may arise during the treatment process
- D. To cotreat with OTs for certain cases

6. What piece of documentation is written by a patient's referring provider and details a patient distinct medical need for outpatient services?

- A. Recertification
- B. Letter of medical necessity
- C. Statement of need
- D. Discharge summary

7. What piece of outpatient documentation, written by the evaluating OT, must describe the therapist's clinical opinion about a patient's need for OT services?

- A. Recertification
- B. Letter of medical necessity
- C. Statement of need
- D. Discharge summary

8. What codes are legally protected descriptors for therapists and other healthcare providers to bill for treatments and procedures?

- A. ICD-11 codes
- B. ICD-10 codes
- C. HCPCS codes
- D. CPT codes

9. What are the most common CPT codes outpatient OTs use?

- A. Application of electrical stimulation (97032), gait training (97113), debridement of an open wound (97597)
- B. Therapeutic activities (97530), therapeutic exercises (97110), self-care training (97535)
- C. "Manual therapy techniques (97140), orthotic(s) management and training, initial encounter for 15 minutes (97760), orthotic(s)/prosthetic(s) management and/or training, subsequent encounters for 15 minutes (97763)"
- D. Massage (97124), sensory integration techniques (97533), therapeutic procedures in a group setting (97150)

10. What codes are utilized in the event there are no CPT codes for the procedure/service the therapist needs to bill for?

- A. HCPCS codes
- B. ABC codes
- C. HIPAA codes
- D. FERPA codes

11. What is the 8-Minute Rule?

- A. A way for therapists to decide whether to use CPT codes or HCPCS codes for claims
- B. This helps providers determine how many units of each code to bill for based on the amount of time they offer each service
- C. This dictates whether a therapist provides 8 or 10 minutes of therapy for each service they provide, based on the patient's severity
- D. This helps therapists determine the exact number of minutes it will take a patient to improve

12. According to the 8-Minute Rule, what is the time frame for 2 units?

- A. Between 38 and 52
- B. Between 10 and 22
- C. Between 20 and 30
- D. Between 23 and 37

13. In what instance would a therapist need to write a progress note?

- A. Progress notes are only completed if a patient falls or has another medical emergency while under the direct care of the therapist
- B. Progress notes are pieces of documentation required at certain intervals (often every 10 visits) to discuss any gains or improvements the patient has made in that span of time
- C. Progress notes are brief recounts of the goals a patient wishes to now pursue as part of their plan of care, so they are only completed if a patient expresses wanting these changes
- D. Progress notes are completed whenever a therapist feels they have valuable information to share with the patient's insurer

14. What is the difference between a reevaluation and a recertification?

- A. Reevaluations are comprehensive reassessments only completed after a major status change in the patient (either medically or functionally); recertifications are performed by insurance companies based on the receipt of documents that establish a patient's medical necessity
- B. Recertifications are comprehensive reassessments only completed after a major status change in the patient (either medically or functionally); reevaluations are performed by insurance companies based on the receipt of documents that establish a patient's medical necessity
- C. Reevaluations and recertifications are the same, both used to establish a patient's progress in outpatient OT services
- D. Recertifications and reevaluations are the same document, but recertifications must be completed by OTRs whereas reevaluations can be completed by OTAs or OTRs, depending on who is currently treating the patient

15. Why might a therapist need to use a modifier?

- A. Modifiers allow insurers to view claims as less urgent and not as much of a priority as non-modified claims
- B. Modifiers are used to adjust PT services to be billed as OT services
- C. Modifiers are used to bill for specific circumstances such as when providing telehealth services or offering care during a public health emergency
- D. Modifiers are used to adjust OT services to be billed as PT services

16. What is an appropriate example of how a therapist might express a patient's progress and potential for future progress?

- A. In summary, this therapist believes Mr. Jiminez will do well in therapy with the support of his friends and family.
- B. This therapist expects Mr. Rollins to achieve his goals as long as he continues to attend sessions and does not act out in the clinic as he has been doing lately.
- C. It is this therapist's clinical opinion that Ms. Farley will continue to improve at the same rate as she currently is, which would allow her to reasonably meet her long-term objectives within the next (1) calendar month.
- D. It is the expectation that Mrs. Smith will demonstrate fair improvement in a predictable period of time.

17. How often must Medicare patients have their plan of care recertified?

- A. Every 45 days
- B. Every 90 days
- C. Every 60 days
- D. Every 4 months

18. What documentation style do most outpatient OTs use to document daily session notes?

- A. SOAP
- B. Narrative
- C. COAST
- D. RUMBA

19. Which of the following should a therapist NOT do when amending therapy documentation?

- A. Use pen to correct errors
- B. Add their initials and the date of the amendment above the error
- C. Use a single line to cross out the error
- D. Use correction fluid to remove the error

20. What should therapists include when adjusting documentation errors?

- A. Their license number
- B. The reason for the error
- C. The name of the facility where they work
- D. Their personal cellphone number

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