

FAX

04/22/2021 1602

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Date: 4/22/2021 4:35:18 PM	Pages: 22 (including cover)
<b>To</b> : UHC-WA_23529604	From:
Company:	Phone:
Fax: 8015675498	Fax:

Subject:

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Date: 04/22/2021	Pages:
To: Appeals Department	From: ATI Physical Therapy
Company: UHC-WA	Department: AR Collections
Phone:	Phone: 323-672-3230
Fax: 801-567-5498	Fax: 331-814-4207

Patient Name : WONG, DIANE
Patient DOB : 02/12/1950
Patient Identification# : 968810583
ATI Medical Record# : 23529604

Claim Count	Date of Service	Charge Amount	Claim#
1	03/01/2021	\$394.77	CP40463713 0179319474
2	03/04/2021	\$292.82	CP40433139 0179319464
3	03/11/2021	\$378.33	CP40433156 0179319469
4	03/17/2021	\$361.96	CP52015354 0179831672
5	03/19/2021	\$361.96	CP40424529 0179319453
6	03/22/2021	\$303.27	CP40433135 0179319457
7	03/24/2021	\$361.96	CP51969359 0179831666
8	03/29/2021	\$285.25	CP55668413 0180022582

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To whom It May Concern: Claims Department

The above referenced claims for services rendered by ATI Physical Therapy was denied for Missing Patient summary form. Therefore, please find medical records attached as requested for reconsideration of this claim.

Please contact our office at the phone number listed below with any questions or requests for additional information. In a continuing effort to provide excellent service to our patient and your member, we appreciate your attention and resolution to this matter.

Please remit all correspondence to:

4947 Paysphere Circle Chicago, IL 60674.

Thank you,
Agnus
ATI Physical Therapy,
Patient Account Specialist.

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**Daily Note** 

Patient: Wong, Diane (23529604) DOB: 02/12/1950 Fax: 206-230-8315 Page 1 of 1

Date: 3/29/2021 Visit#: 8 Time In: 10:58 AM Time Out: 11:55 AM

Visit Summary:

<u>Minutes</u>

19

 Procedure
 Units
 Total Treatment Time Minutes: 57

 Therapeutic exercises
 1
 Timed Code Minutes: 57

25 Neuromuscular re-education 2 Untimed Code Minutes: 0

7 Manual therapy 1

6 Therapeutic activities 0

**Treatment Notes:** 

Subjective: Pt reports she was able to sit on the floor with her knee flexed for ~15 mins yesterday for work.

Objective: Objective Measures: L Knee Ext AROM: 2

Assessment: Pt able to contract quad in supine, unable to reach TKE in supine until after joint mobilizations. Unable to reach TKE in standing and against

gravity positions. Pt has difficult time with quad motor control and what it feels like to activate quad mm. Carryover of TKE to gait mechanics,

slowed down gait to ensure TKE at heel strike through mid stance.

Plan: Continue per plan of care. Cont to improve knee flexion ROM for return to criss-cross sitting for job, knee ext ROM for return to normal gait

mechanics, and LE, specifically quad, strengthening for ease of ADL's and functional mobility tasks.

Manual Therapy:

 Type
 Location
 Grade
 Direction
 Time
 Comments

 Joint Mobilization
 L knee
 III-IV
 AP
 7 Mins
 Supine knee extension

Flowsheet:

Activity Type Details

SAQs TherAct 3 x 10; mm tap quads
TKE Neuro Re-ed 2 x 10 x Blu: Left Side: standing

TKE Neuro Re-ed 2 x 10 x Blu; Left Side; standing band at knee Quad Sets Neuro Re-ed 2 x 10; supine with towel roll under knee

Quad Sets Neuro Re-ed 2 x 6; Prone with mild OP

Straight Leg Raises Neuro Re-ed 1 x 10; Left Side; towel roll under knee

Sit to Stand TherEx 2 x 10; cues for TKE at the top

Harnstring Stretch TherEx 3 x 30 Sec(s); Bliateral; supine with strap. Knee straight!!!

Hamstring Stretch

TherEx

3 x 8; seated with fwd trunk Jean, knee straightill with ankle DF and quad se

Hamstring Curls TherAct 3 x 10; heels on redSB

Other Treatment:

Activity Details

Electronically Signed by: Rebecca Shoemaker, PT, License PT61029436 March 29, 2021 12:54 PM

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**Daily Note** 

Patient: Wong, Diane (23529604) DOB: 02/12/1950 Fax: 206-230-8315 Page 1 of 1

Visit#: 7 Time In: 8:01 AM Date: 3/24/2021 Time Out: 8:55 AM

**Visit Summary:** Units Total Treatment Time Minutes: 54 <u>Minutes</u> <u>Procedure</u> Therapeutic exercises Timed Code Minutes: 54 Untimed Code Minutes: 0 A Neuromuscular re-education 8 Manual therapy 12 Therapeutic activities

Treatment Notes:

Subjective: Pt states tolerated last visit fine.

Objective: Please refer to flowsheet

Pt tolerated intro to quadruped rocking with ability to hold for increased time. Cues for VMO activation with SLR, which increased fatigue, pt Assessment:

demos lateral quad dominance with quad strengthening activities.

Plan: Continue per plan of care.

Manual Therapy:

Type Location Direction Time Comments Grade Soft Tissue Mobilization 5 Mins Left knee incision Joint Mobilization L patella 2.3 3 Mins ali

Flowsheet:

Activity **Details** <u>Type</u> Bike TherEx 6 Min(s) **Heel Slides** TherEx 2 x 10; active then OP with strap Knee PROM TherEx 5 Min(s); Left Side; into flexion

Quadruped Rocking **TherAct** 2 x 10; at end of each set hold flexion for 20 secs

Straight Leg Raises Neuro Re-ed 3 x 8; Left Side; with toe pointed out

Bridges TherEx 3 x 10; heels on SB, quad set for straight knee

Hip Abduction TherEx 2 x 15; Bilateral; S/L

Step Ups TherAct 4 x 6; Bilateral; To 4" step. VC TKE, avoid valgus

**TRX Squats** TherAct 2 x 5

Hamstring Stretch TherEx 2 x 30 Sec(s); Bilateral; supine with strap TFL Stretch TherEx 2 x 30 Sec(s); Bilateral; supine with strap

Other Treatment:

**Activity** <u>Details</u>

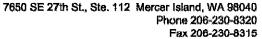
Electronically Signed by: Rebecca Shoemaker, PT, License PT61029436 March 24, 2021 10:00 AM Electronically Signed by: Courtney Sussex, PTA, License P160153236 March 24, 2021 08:58 AM

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**Daily Note** 

Patient: Wong, Diane (23529604) DOB: 02/12/1950 Fax: 206-230-8315 Page 1 of 1

Visit#: 6 Time In: 11:04 AM Time Out: 11:52 AM Date: 3/22/2021

Aisit 2011	ımary:		
<u>Minutes</u>	<u>Procedure</u>	<u>Unita</u>	Total Treatment Time Minutes: 48
27	Therapeutic exercises	2	Timed Code Minutes: 48
10	Neuromuscular re-education	1	Untimed Code Minutes: 0
11	Therapeutic activities	1	

**Treatment Notes:** 

Subjective: I got worked very hard. I felt ok.

Objective: Please refer to flowsheet

Assessment: Pt demonstrates slight fear and timidness with into to step ups. Did not push knee flexion this visit as pt reports that is what made her sore

last visit and is still slightly swollen to ankle.

Plan: Continue per plan of care. Trial quadruped rocking for EROM knee flexion, with and without sustained hold in flexion as tolerated.

# Flowsheet:

Activity Type Details Straight Leg Raises Neuro Re-ed 3 x 8; with QS, towel roll under knee TKE Neuro Re-ed 2 x 10 x Blu: Left Side: standing band at knee Hametring Stretch TherEx 2 x 30 Sec(s); Silateral; supine with strap **Bridges** TherEx 3 x 10; heels on SB, quad set for straight knee Hip Abduction TherEx 2 x 15; Bilateral; S/L Piriformis Stretch TherEx 2 x 30 Sec(s); Bilateral; supine figure 4 Heel Slides TherEx 2 x 10; active then OP with strap TFL Stretch TherEx 2 x 30 Sec(s); Bilateral; supine with strap Step Ups TherAct 6 x 6; Bilaterat; To 4" step. VC TKE, avoid valgus

### Other Treatment:

Activity Details

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**Daily Note** 

Patient: Wong, Diane (23529604) DOB: 02/12/1950 Fax: 206-230-8315 Page 1 of 1

Visit#: 5 Date: 3/19/2021 Time In: 8:00 AM Time Out: 8:53 AM

Visit Summary: Units Total Treatment Time Minutes: 53 <u>Minutes</u> <u>Procedure</u> 23 Therapeutic exercises Timed Code Minutes: 53 Untimed Code Minutes: 0 10 Neuromuscular re-education 8 Manual therapy 12 Therapeutic activities

### **Treatment Notes:**

Subjective: Pt states tolerated last visit ok, was tired but felt ok.

Objective: Objective Measures: Pre tx- knee flexion 138deg

Post knee flexion 140deg

Assessment: Pt tolerated intro to TKE and bike, pt demos slight anxiousness with intro to new activities. Increased fatigue towards end of tx. Mild TC for

quad activation in supine and standing.

Plan: Continue per plan of care.

Manual Therapy:

Type Location | Time Comments Grade Direction Soft Tissue Mobilization 5 Mins Left knee incision Joint Mobilization L patella 23 aniM & all

Flowsheet:

**Activity** Details <u>Type</u>

Neuro Re-ed **Quad Sets** 2 x 10; towel roll under knee for external cue

**Heel Slides** TherAct 3 x 10; active then OP with strap Straight Leg Raises Neuro Re-ed 3 x 6; with QS, towel roll under knee

Bridges TherEx 3 x 10; heels on SB, quad set for straight knee

Hamstring Curts TherAct 3 x 10; heels on redSB

Bike TherEx 6 Min(s)

Hip Abduction TherEx 2 x 15; Bilateral; S/L

Knee PROM TherEx 5 Min(s); Left Side; into flexion

TKE Neuro Re-ed 1 x 10 x Blu; Left Skle; standing band at knee

Sit to Stand TherAct 2 x 10

2 x 30 Sec(s); Bilateral; supine figure 4 Piriformis Stretch TherEx **Hamstring Stretch** TherEx 2 x 30 Sec(a); Bilateral; supine with strap TFL Stretch TherEx 2 x 30 Sec(s); Bilateral; supine with strap

Other Treatment:

**Activity** <u>Details</u>

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Therapeutic activities

**Daily Note** 

Patient: Wong, Diane (23529604) DOB: 02/12/1950 Fax: 206-230-8315 Page 1 of 1

Date: 3/17/2021 Visit#: 4 Time In: 11:05 AM Time Out: 11:56 AM

 Visit Summary:

 Minutes
 Procedure
 Units
 Total Treatment Time Minutes: 51

 23
 Therapeutic exercises
 2
 Timed Code Minutes: 51

 10
 Neuromuscular re-education
 1
 Untimed Code Minutes: 0

 8
 Manual therapy
 1

### **Treatment Notes:**

10

Subjective: Pt states still a little tired from the vaccine, had some increased pain in knee on Sunday but since then feeling better.

Objective: Objective Measures: Pre tx knee flexion 128deg

post tx knee flexion 142deg L Knee Flex AROM: 142

Assessment: Pt continues to fatigue quickly with quad strengthening exercises. Does demo slight extension lag with SLR when fatigued. Tolerated intro to

sit to stand with fear avoidance with falling over without UE support.

Plan: Continue per plan of care. Intro to TKE.

Manual Therapy:

Type Location Grade Direction Time Comments
Soft Tissue Mobilization Left knee incision 5 Mins
Joint Mobilization L. patella 2-3 all 3 Mins

### Flowsheet:

Activity Type Details

Heel Slides TherAct 3 x 10; active then OP with strap
Knee PROM TherEx 5 Min(s); Left Side; into flexion

Quad Sets Neuro Re-ed 2 x 10; towel roll under knee for external cue Straight Leg Raises Neuro Re-ed 3 x 6; with QS, towel roll under knee

Harnstring Curls TherAct 3 x 10; heels on redSB

Bridges TherEx 3 x 10; heels on SB, quad set for straight knee

Hip Abduction TherEx 2 x 15; Bilateral; S/L

Sit to Stand TherAct 2 x 10

Hamstring Stretch TherEx 2 x 30 Sec(s); Bilateral; supine with strap
TFL Stretch TherEx 2 x 30 Sec(s); Bilateral; supine with strap

# Other Treatment:

Activity Details

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**Daily Note** 

Patient: Wong, Diane (23529604) DOB: 02/12/1950 Fax: 206-230-8315 Page 1 of 1

Visit#: 3 Date: 3/11/2021 Time In: 12:54 PM Time Out: 1:58 PM

Visit Summary:

<u>Minutes</u>

24

Units Total Treatment Time Minutes: 64 <u>Procedure</u> Therapeutic exercises 2 Timed Code Minutes: 64

Untimed Code Minutes: 0 15 Neuromuscular re-education

25 Therapeutic activities 2

Treatment Notes:

Pt reports she was sick for 6 days and unable to complete her HEP after 2nd vaccination. Subjective:

Objective: Objective Measures: Knee flexion AROM pre-Tx/ post-Tx: 118deg

Knee flexion AAROM (B heeks on stability ball): 128deg

Pt has been bed ridden with fever from side effects of COVID vaccination this past week and thus has been unable to complete HEP. ROM Assessment:

cont to improve, quad strength lacking. Pt extremely fatigued with SLR, demos quad lag. Good response to verbal cues for "heel pop" for TKE

Plan: Continue per plan of care.

Flowsheet:

Activity Type **Details** Hamstring Curls TherAct 3 x 10; heels on redSB

2 x 10; towel roll under knee for external cue **Quad Sets** Neuro Re-ed Straight Leg Raises Neuro Re-ed 3 x 6; with QS, towel roll under knee

Hamstring Curls TherAct 3 x 10; Bilateral; standing, knees at mat to avoid hip flexion

Bridges TherEx 3 x 10; heels on SB, quad set for straight knee

1 x 25; leg on therapist shoulder for increased drainage Ankle Pumps TherEx

**Hamstring Curls** TherEx 1 x 25; heels on redSB

Heel Slides TherAct 3 x 10; active then OP with strap

2 x 15; Bilateral; S/L Hip Abduction TherEx TherAct 3 x 10; Bilateral SAQ#

Home Exercise Program Education TherAct 6 Min(s); managing fatigue and daily activity IvI, HEP completion

Other Treatment:

Activity <u>Details</u>

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**Daily Note** 

Patient: Wong, Diane (23529604) DOB: 02/12/1950 Fax: 206-230-8315 Page 1 of 1

Visit#: 2 Date: 3/4/2021 Time In: 9:01 AM Time Out: 9:55 AM

Visit Summary:

Minutes

Unite Total Treatment Time Minutes: 54 Procedure Neuromuscular re-education Timed Code Minutes: 54

Untimed Code Minutes: 0 10 Gait training

40 Therapeutic activities

Treatment Notes:

Pt reports she has been doing her HEP. Has F/U with MD on 3/10/2021. Subjective:

Objective: Objective Measures: Supine knee flexion AAROM (heels on SB): 122deg

Assessment: Pt cont to demonstrate good knee flexion ROM at this point in her rehab. Knee extension still lacking, but pt able to activate quad mm better

this visit. Pt education on importance of quad mm strength and control for normalized galt and necessary to D/C from cane, pt educated about quad set and quad lag with SLR, improved control after education. Can perform ~5 SLR before quad fatigues and demos mild quad lag.

Plan:

Continue per plan of care. Cont to improve knee AROM, quad strength and control, and quad activity in standing for return to normalized gait

pattern.

Flowsheet:

Activity <u>Type</u> Details

Straight Leg Raises TherAct 2 x 5; with QS, small ROM, towel roll under knee

Neuro Re-ed **Quad Sets** 1 x 10; in HS stretch Hamstring Curls TherAct 2 x 10; heels on redSB

Ankle Pumps TherAct 1 x 25; leg on therapist shoulder for increased drainage

Bridges TherAct 3 x 10; heels on SB Weight Shifts TherAct 1 x 15; with QS in standing

**Hamstring Curls TherAct** 3 x 10; Bilateral; standing, knees together to avoid hip flexion

**Gait Training** Galt 10 Min(s); Assistance Required: Independent; Distance: 150 ft; Assistive Device: SPC; VC quad

act initial contact>stance, knee flexion thru swing

Other Treatment:

Activity Details

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Phone: 206-230-8320

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Fax: 206-230-8315



## Initial Evaluation/Plan of Care - 3/1/2021

Name: Wong, Diane (23529604) Physician: Maeda MD, Christopher Y Surgery Date: 2/22/2021

DO8: 2/12/1950 Age: 71 Sex: F Date of Injury: 2/22/2021

Primary/Rehab Diagnosis: Arthroplasty: Total Knee (TKA) (L)

ICD10 Codes: M17.12, M25.562, Z96.652, Z47.89

### Assessment:

Diane Wong is a 71 y/o female who presents to Physical Therapy with signs and symptoms consistent of (L)Arthropiasty: Total Knee (TKA). Patient presents today with decreased ROM, Strength, Balance, Flexibility, Joint Mobility, Soft tissue mobility and increased Edema, Pain, Fali/Safety Risk, as well as impairments with Posture, Body Mechanics, Galt, Lifting Mechanics, Weight-bearing. Patient demonstrates a need for HEP Education, Wound Management, Scar Management, Gait/Assistive Device Training, Fall Prevention /Safety Techniques, Safe Lifting Techniques. These deficits limit the patient's ability to perform these tasks: Bathing, Descending stairs, Gardening, Squatting, Transferring: Floor to/from stand, Walking. Patient will benefit from skilled therapy to allow the patient to meet set goals and return to PLOF, in which the above noted functional activities were not impaired.

Primary Complaint: s/p L TKA 2/22/2021

Current Level of Function: Patient reports limitations with Bathing, Descending stairs, Gardening, Squatting, Transferring: Floor to/from stand, Walking

Prior Level of Function: Patient reports limitations with Floor-stand transfers Pain Scale: At Rest 0/10:

Nature of Injury: Pt s/p L TKA on 2/22/2021. Pt has been having the most difficulty with meal preparation, showering-currently only taking sponge bath. Current LOF: laying in bed all day, pt maybe upright ~60-65 min/day. Prior to surgery, pt received B knee drained every 3 months, and cortizone injections quarterly (4x/yr) for the last 4-5 years. Pt received 1 bout of Physical therapy interventions \*5 years ago. Pt currently taking 1 tramidol/ day plus tylenol. Home environment: No stairs. No STE. Occupation: Priest. Required to sit for Zoom calls, preferably on the floor, for meditation and services. Goals: Sitting cross-legged for meditiation >45mins, floor<>stand transfers, stair descent, walking > 2 hours

PMH; High Blood Pressure Yes, less than 1 year, Cancer Yes, for more than a year, Osteoporosis Yes, for more than a year, Allergic to Latex (gloves) Yes, for more than a year, Other Allergy Yes, for more than a year. Dizziness/Faintness Yes, for more than a year. Arthritis Yes, for more than a year, Cancer (Reproductive system-cured, 1960), DA (8 hands), HTN (medicated)

		AROM		PROM	Hip/Knee	)) TMM	-5 scale)	Significant Findings:
	R	L	R	L		R	L	— Observations:
Knee Flexion	1.45	115			Hip Flexion ( L2)	4	3+	Observation Comment: Gait: SPC in LUE, Decreased L knee
(140°)					Hip Internal Rotation	4*	>3	extension in initial contact
Knee Extension	0	<sub>"</sub> 5			Hip External Rotation	4.*	<b>&gt;3</b>	Palpation Findings:incision: healing as expected, bandages
(0")					Knee Extension (13)	5	>3	in place
					Knee Flexion (52)	4	>3	BMI: BMI not documented; no reason given
					Foot/Ankle	MMT (C	-5 scale)	
					<b>t</b> }	R	l	
					Ankie Dorstflexion (L4)	4	4+	

**Outcome Assessments:** 

Date Assessment Score 9/17/2021 IKDC Subjective Knee Evaluation 33.7pts 3/17/2021 VR-12 Mental Component Summary 63pts 3/17/2021 VR-12 Physical Component Summary

### Plan of Treatment: 1-2x a week for 10 weeks

Treatments: 97110 Therapeutic exercises, 97140 Manual therapy, 97112 Neuromuscular re-education, 97116 Gait training, 97530 Therapeutic activities, 97161-97163 PT Evaluation, 97010 Cold pack . 97010 Hot pack

To address: Pain, Joint Mobility, Posture Deficits, Gait Ability, Transfer Ability, Strength Deficits, ROM, Decreased functional ability, Improper body mechanics, Balance deficits, Bed mobility, Stair function, Desensitization

The patient will be advanced safely and appropriately in order for the patient to progress towards his / her prior level of function. Additional exercises will be introduced, with progression to a comprehensive home exercise program upon discharge, to ensure carry over of functional gains achieved in the clinic. This treatment plan has been reviewed and agreed upon by the patient. Goals:

### Short Term Goals to be completed by: 4 weeks

- Patient will improve IKDC Outcome Survey by 20.5 points.
- Pt will be independent with HEP. 2.
- Pt will improve Liknee AROM to WNi..
- Pt will ambulate >/=200ft with LRAD with good gait mechanics.

### Long Term Goals to be completed by: 05/24/2021

- Pt will descent FOS with single HR independently for ease of access to community environments.
- Pt will tolerate sitting cross legged for >/=90min with </= 1/10 pain for return to PLOF and completion of job duties as a priest.
- Pt will demonstrate good floor<>stand mechanics for ease of ADL's, and return to job requirements as a priest and meditation leader.
- Pt will improve LLE strength in all tested planes to >/=4/5 for ease of ADL's and return to meaningful activities such as gardening.

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From: 6303281600

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Date: 4/22/2021 4:02:27 PM

 Name: Wong, Diane (23529604)	vaiuation - 3/1/2021	D <b>OB</b> : 2/12/1950	Fax: 206-2:	30-8315	Page 2 of 2	***************************************		
	To Be Cample	ted by Physician						
 I certify the need for these services fu	rnished under this plan of treatment a	nd while under my care.						
 Revise plan of care as follows:								
 Physician: Maeda MD, Christopher Y	Physician Signature:		D	ate:				

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**Daily Note** 

Patient: Wong, Diane (23529604) DOB: 02/12/1950 Fax: 206-230-8315 Page 1 of 1

Date: 3/1/2021 Visit#: 1 Time In: 12:00 PM Time Out: 1:00 PM

Visit Summary:

MinutesProcedureUnitsTotal Treatment Time Minutes: 604Neuromuscular re-education0Timed Code Minutes: 27

33 PT Evaluation - 97161 1 Untimed Code Minutes: 33

23 Therapeutic activities 2

Treatment Notes:

Subjective: See Evaluation dated 3/1/2021 for details.

Objective: Objective Measures: See Evaluation dated 3/1/2021 for details.

Objective Comments: See Evaluation dated 3/1/2021 for details.

Assessment: See Evaluation dated 3/1/2021 for details.

Plan: See Evaluation dated 3/1/2021 for details.

Flowsheet:

Activity Type Details

Heel Slides TherAct 3 x 10; active then OP with strap
Quad Sets Neuro Re-ed 1 x 10; towel under knee, mm tap quads

Straight Leg Raises TherAct 1 x 10; with QS, small ROM, towel roll under knee

Home Exercise Program Education TherAct 6 Min(s)

Body Mechanics Education TherAct 10 Min(s); sitting and work setup

Other Treatment:

Activity Details
PT Evaluation Minutes: 33

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**OPA FIRST HILL** 601 BROADWAY STE 600/700 SEATTLE WA 98122-5330

Phone: 206-386-2600 Fax: 206-622-1644



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March 2, 2021

# Prescription for Physical Therapy

Patient: Diane Yen Mei Wong 2/12/1950

Diagnosis: Status post op knee replacement

Date of Surgery: 2/22/21

Precautions: No lunges, no lateral band exercises.

For our knee replacement patients we would like there to be an emphasis on regaining range of motion:

- 1. 0 degrees of extension and 110 degrees of flexion by the 1 month from surgery mark after a knee replacement
- 0 degrees of extension and 120 degrees of flexion by the 6 week post op mark after a knee replacement.

Recommended Treatment: Left knee strengthening, stretching and range of motion, gait training and HEP.

Frequency: 2 times a week for duration of 6 weeks.

ICD10: Z47.1, Z96.652

Patient contact information:

Diane Yen Mei Wong

DOB: 2/12/1950

Phone: 425-736-6080 (home)

Sean Toomey M.D.

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UNITED HEALTHCARE INSURANCE COMPANY 9900 BREN ROAD MINNETONKA, MN 55343-9664

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APPLE PHYSICAL THERAPY LLC 4947 PAYSPHERE CIRCLE CHICAGO, IL 60674

PAYER CONTACT: PHONE:

ATLANTA SERVICE CENTER (877)842-3210

EIN: NPI: NON-PAYMENT: CHECK DATE: PRODUCTION DATE: 911928166 1902809470 1TR01310976 04/15/2021 04/12/2021

PROV	SERV DATE	POS NOS	PROC MODE	BILLED	ALLOWED DEDUCT	COINS	GRP/RC-AMT PROV PD
name: wong, diame	MBR:9688105	83	ACNT : TE	6521196CLAIM	ICN:CP404245 0179319453	29	
CORRECTED: WONG, DIANE G CLM Status:1 GRP/POL NUM:919238	HICN: MRN:				44144444		
1396378204	0319 031921	1.1 1	97112 GP REM: M135	74,97	74,97 0,00	0.00 00	0-226 74.97 0.00
1396378204	0319 031921	11 1	97140 GP	58.69	58.69 0.00	0.00 00	0-226 58.69 0.00
1396378204	0319 031921	11 1	97530 GP59	75.06	75.06 0.00	0.00 00	0-226 75.06 0.00
1396378204	0319 031921	11 1	97110 GP REM: N362	76.62	0.00 0.00	0.00 00	0-96 76.62 0.00
1396378204	0319 031921	11 1	97110 GP REM: M135	76.62	76.62 0.00	0.00 00	)-226 76.62 0.00
PT RESP 0.00			SUE	TOTALS 361.96	285.34 0.00	0.00	361.96 0.00
ADJ TO TOTALS:		PREV FD	0.00 INTE	EREST 0.00 I	ATE FILING CHARGE	0.00	NET 0.00
TOTALS: § OF CLAIM	BILLED AM 361,96			OCT AMT COINE AMO.00.00.00.00.00.00.00.00.00.00.00.00.00	at rc-amt 361.96	PROV PAID	PROV ADJ CHECK AMT

GLOSSARY:

From: 6303281600

Adjustment, Group, Reason, MOA, and Remark codes
Contractual obligations. The patient may not be billed for this amount
226Information requested from the Billing/Rendering Provider was not provided or was insufficient/incomplete. At
least one Remark Code must be provided (may be comprised of either the NCPDF Reject Reason Code, or Remittance
Advice Remark Code that is not an ALERT.) This change effective 7/1/2013: Information requested from the
Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete. At least one
Remark Code must be provided (may be comprised of either the NCPDF Reject Reason Code, or Remittance Advice Remark
Code that is not an ALERT.)
96 Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCFDF Reject
Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy
Identification Segmant (loop 2110 Service Payment Information REF), if present.

Missing/incomplete/invalid plan of treatment.
The number of Days or Units of Service exceeds our acceptable maximum.

M135 M362

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UNITED HEALTHCARE INSURANCE COMPANY 9900 BREN ROAD MINNETONKA, MN 55343-9664

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APPLE PHYSICAL THERAPY LLC 4947 PAYSPHERE CIRCLE CHICAGO, IL 60674

PAYER CONTACT: PHONE:

ATLANTA SERVICE CENTER (877)842-3210

EIN: NPI: NON-PAYMENT: CHECK DATE: PRODUCTION DATE: 911928166 1902809470 1TR01310976 04/15/2021 04/12/2021

PROV	SERV DATE	POS NOS	PROC MODE	BILLED AL	LOWED DEDUCT	COINS	GRP/RC~AMT PROV PD
name: wong, diame	MBR:9688105	83	ACNT: T3652122	lclaim	ICN:CP4043313 0179319457	5	
CORRECTED: WONG, DIANE G	HICN: MRN:				4714073301		
GRP/POL NUM:919238 1396378204	0322 032221	11 1	97112 GP REM: M135	74,97	74,97 0.00	0.00 co-	226 74.97 0,00
1396378204	0322 032221	11 2	97110 GP BUEN: M135	153.24 1	53.24 0.00	0.00 co-	226 153,24 0.00
1396378204	0322 032221	11 1	97530 GP REM: M135	75.06	75.06 0.00	0.00 co-	226 75.06 0.00
PT RESP 0.00			SUB TOTALS	303.27 3	03.27 0.00	0.00	303.27 0.00
ADJ TO TOTALS:		PREV PD	3.00 interest 0	.00 LATE	FILING CHARGE	0.00	
							NET 0.00
TOTALS: # OF CLAIM	S BILLED AM 303.27	T ALLOW 303		COINS AMT	RC-AMT 1 303,27	PROV PAID 0.00	PROV ADJ CHECK AMT 0.00 0.00

GLOSSARY: CO-

Adjustment, Group, Reason, MOA, and Remark codes
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Remark Code must be provided (may be comprised of either the NCPDF Reject Reason Code, or Remittance Advice Remark
Code that is not an ALERT.)
Missips/incomplete/invalid plan of treatment

M135Missing/incomplete/invalid plan of treatment.

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Date: 4/22/2021 4:02:27 PM

UNITED HEALTHCARE INSURANCE COMPANY 9900 BREN ROAD MINNETONKA, MN 55343-9664

APPLE PHYSICAL THERAPY LLC 4947 PAYSPHERE CIRCLE CHICAGO, IL 60674

PAYER CONTACT: PHONE:

ATLANTA SERVICE CENTER (877)842-3210

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EIN: NPI: NON-PAYMENT: CHECK DATE: PRODUCTION DATE:

911928166 1902809470 1TR01310976 04/15/2021 04/12/2021

PROV	SERV DATE	POS NOS PR	OC MODS	BILLED AL	LLOWED DEDUCT	COINS	GRP/RC~AMT	PROV PD
NAME: WONG, DIAME	MBR:9688105	683	ACNT: T365164000	HAIM	ICN: CP404331 0179319464	39		
CORRECTED: WONG, DIANE G	HICN: MRN:				AT122T2344			
GRP/POL NUM:919238 1396378204	0304 030421		530 GP M: M133	225.18 2	225,18 0.00	0.00 00	-226 225.18	0,00
1396378204	0304 030421	11 1 97	116 GP59 M: M135	67.64	67.64 0.00	0.00 00	-226 67.64	0.00
PT RESF 0.00			SUB TOTALS	292.82	292.82 0.00	0.00	292.82	0.00
ADJ TO TOTALS:		FREV FD 0.00	interrst o.c	) () LATE	e filing charg	E 0.00		
							r	ET 0.00
TOTALS: # OF CLAIM	S BILLED AM 292.82	T ALLOWED A 292,82	MY DEDUCTAMT 0.00	COINS AMT 0.00	rc-amt 292.82	PROV PAID 0.00		CK AMI ),00

GLOSSARY: CO-

Adjustment, Group, Reason, MOA, and Remark codes
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Remark Code must be provided (may be comprised of either the MCPDP Reject Reason Code, or Remittance Advice Remark
Code that is not an ALERT.)
Missing/incomplete/invalid plan of treatment.

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UNITED HEALTHCARE INSURANCE COMPANY 9900 BREN ROAD MINNETONKA, MN 55343-9664

APPLE PHYSICAL THERAPY LLC 4947 PAYSPHERE CIRCLE CHICAGO, IL 60674

PAYER CONTACT: PHONE:

ATLANTA SERVICE CENTER (877)842-3210

EIN: NPI: NON-PAYMENT: CHECK DATE: PRODUCTION DATE: 911928166 1902809470 1TR01310976 04/15/2021 04/12/2021

BROV	SERV DATE	POS NOS	PROC MODS	BILLED	ALLOWED DEDUCT	COINS	GRP/RC~AMT	PROV PD
NAME: WONG, DIAMS	MBR: 9688105	5 <b>8</b> 3	ACNT: T365	20995CLAIM	ICN:CP404331 0179319469	56		
CORRECTED: WONG, DIANE G	HICN: MRN:				4112213393			
GRP/POL NUM:919238 1396378204	0311 031121	11 1	97112 GP	74,97	74,97 0.00	0.00 0	Q-226 74.97	0,00
1396378204	0311 031121	11 2	REM: M135 97530 GP REM: M135	150.12	150,12 0,00	0,00 0	0-226 150,12	0.00
1396378204	0311 031121	11 1	97110 GP REM: N362	76.62	00.00 00.00	0.00 0	0-96 76.62	0.00
1396378204	0311 031121	11 1	97110 GP REM: M135	76.62	76.62 0.00	0.00 0	0-226 76.62	0.00
PT RESP 0.00			SUB TO	TALS 378.33	301.71 0.00	0.00	378.33	0.00
ADJ TO TOTALS:		PREV PD	0.00 intere	ST 0.00 L	ATE FILING CHARG	B 0,00		
								NET 0.00
TOTALS: 4 OF CLAIM	es billed am 378.33		ED AMT DEDUCT		IT RC-AMT 378.33	PROV PAID	PROVADJ CH 0.00	eck ami

GLOSSARY:

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Adjustment, Group, Reason, MOA, and Remark codes
Contractual obligations. The patient may not be billed for this amount

226Information requested from the Billing/Rendering Provider was not provided or was insufficient/incomplete. At
least one Remark Code must be provided (may be comprised of either the NCPDF Reject Reason Code, or Remittance
Advice Remark Code that is not an ALERT.) This change effective 7/1/2013: Information requested from the
Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete. At least one
Remark Code must be provided (may be comprised of either the NCPDF Reject Reason Code, or Remittance Advice Remark
Code that is not an ALERT.)

96 Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDF Reject
Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 635 Healthcare Policy
Identification Segment (loop 2110 Service Payment Information REF), if present.

Missing/incomplete/invalid plan of treatment.

The number of Days or Units of Service exceeds our acceptable maximum.

> 3 2 0

UNITED HEALTHCARE INSURANCE COMPANY 9900 BREN ROAD MINNETONKA, MN 55343-9664

APPLE PHYSICAL THERAPY LLC 4947 PAYSPHERE CIRCLE CHICAGO, IL 60674

PAYER CONTACT: PHONE:

ATLANTA SERVICE CENTER (877)842-3210

EIN: NPI: NON-PAYMENT: CHECK DATE: PRODUCTION DATE: 911928166 1902809470 1TR01310976 04/15/2021 04/12/2021

PROV	SERV DATE	POS	NOS PRO	MODS	BILLED	ALLOWED DEDUCT	COINS	GRP/RC-AMT PROV PD
name:wong, diame	MBR:9688105	83		ACNT: T36516398C	HAIM	ICN:CP40463 0179319474	713	
CORRECTED: WONG, DIANE G CLM Status:1 GRP/POL NUM:919238	HICN: MRN:					44/44444		
1396378204	0301 030121	11	1 971	61 GP M135	244.65	244,65 0.00	0.00 0	Q-226 244.65 0,00
1396378204	0301 030121	11	2 9753		150.12	150,12 0,00	0.00 0	0-226 150.12 0.00
PT RESF 0.00				SUB TOTALS	394.77	394.77 0.00	0.00	394.77 0.00
ADJ TO TOTALS:		PREV	PD 0.00	interest 0.0	) () . T.	ATE FILING CHAR	SE 0.00	
								NET 0.00
TOTALS: # OF CLAIM	s billed am. 394,77		LOWED AM: 394,77	DEDUCT AMT	COINS AM	II RC-AMT 394.77	PROV PAID 0.00	PROVADJ CHECKAMI 0.00 0.00

GLOSSARY: ĊO™

Adjustment, Group, Reason, MOA, and Remark codes
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Remark Code must be provided (may be comprised of either the MCPDP Reject Reason Code, or Remittance Advice Remark
Code that is not an ALERT.)
Missing/incomplete/invalid plan of treatment.

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ATLANTA SERVICE CENTER (877)842-3210

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UNITED HEALTHCARE INSURANCE COMPANY 9900 BREN ROAD MINNETONKA, MN 55343-9664

APPLE PHYSICAL THERAPY LLC 4947 PAYSPHERE CIRCLE CHICAGO, IL 60674

EIN: NPI: NON-PAYMENT: CHECK DATE: PRODUCTION DATE:

PAYER CONTACT: PHONE:

911928166 1902809470 1TR01310976 04/15/2021 04/12/2021

PROV	SERV DATE	Pos Nos	PROC MODS	BILLED	ALLOWED DEDUCT	COINS	GRP/RC~AMT	PROV PD
name:wong, diame	MBR: 9688105	63	ACNT: 136541271C	Laim	ICM: CP51969: 0179831666	359		
CORRECTED: WONG, DIANE G	HICN: MRN:				0113031800			
GRP/PGL NUM:919238 1396378204	0324 032421	11 2	97110 GP REM: M135	153,24	153,24 0.00	0.00	CO-226 153.24	0,00
1396378204	0324 032421	11 1	97530 GP59 REM: M135	75.06	75.06 0.00	0.00	CO-226 75.06	0.00
1396378204	0324 032421	11 1	97112 GP REM: M135	74.97	74.97 0.00	0.00	CO-226 74.97	0.00
1396378204	0324 032421	11 1	97140 GP REM: N362	58.69	0.00 0.00	0.00	CO-96 58.69	0.00
PT RESP 0.00			SUB TOTALS	361.96	303.27 0.00	0.00	361.96	0.00
ADJ TO TOTALS:		PREV PD 0.	.00 INTEREST G.O	0 г	ATE FILING CHARG	E 0.00		
								NET 0.00
TOTALS: 4 OF CLAIM	MA CELLEC AM 361.96	T ALLOWED		COINE AN	T RC-AMT 361.96	PROV PAI	D PROVADJ CH 0.00	ECK AMT

GLOSSARY:

Adjustment, Group, Reason, MCA, and Remark codes
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Identification Segment (loop 2110 Service Payment Information REF), if present.

Missing/incomplete/invalid plan of treatment.

The number of Days or Units of Service exceeds our acceptable maximum.

N362

> 3 2 0

UNITED HEALTHCARE INSURANCE COMPANY 9900 BREN ROAD MINNETONKA, MN 55343-9664

(Page 23 of 23)

APPLE PHYSICAL THERAPY LLC 4947 PAYSPHERE CIRCLE CHICAGO, IL 60674

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ATLANTA SERVICE CENTER (877)842-3210

EIN: NPI: NON-PAYMENT: CHECK DATE: PRODUCTION DATE: 911928166 1902809470 1TR01310976 04/15/2021 04/12/2021

PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC~AM	I PROV PD
NAME: WONG, DIAME	MBR: 968810583 ACM			NT: T36521190CLAIM		ICN: CF52015354 0179831672				
CORRECTED: WONG, DIANE G CLM Status:1 GRP/POL NUM:919238	hicn: Mrn:					471307	71012			
1396378204	0317 031721	11 2	97110 REM: M		153,24	153,24	0.00	0.00	CO-226 153	.24 0,00
1396378204	0317 031721	11 1	97112 FUEM: M	GP	74.97	74.97	0.00	0.00	CO-226 74	.97 0.00
1396378204	0317 031721	11 1	97140 REM: M	GP	58.69	56.69	0.00	0.00	CO-226 58	.69 0.00
1396378204	0317 031721	11 1	97530 REM: N	GP59	75.06	0.00	0.00	0.00	CO-96 75	.06 0.00
PT RESP 0.00				SUB TOTALS	361.96	286.90	0.00	0.00	361	.96 0.00
ADJ TO TOTALS:		PREV PD	0.00	INTEREST 0.0	0 г	ATE FILING	CHARGE	0,00		
										NET 0.00
TOTALS: 4 OF CLAIM	S BILLED AM 361.96		ED AMT	DEDUCT AMT	COINS AN	T RC-2 361.		PROV PAI	D PROV ADJ	CHECK AMT

GLOSSARY:

Adjustment, Group, Reason, MCA, and Remark codes
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Missing/incomplete/invalid plan of treatment.

The number of Days or Units of Service exceeds our acceptable maximum.

M135N362