

Rehab Net News Update

R E H A B I L I T A T I O N N E T W O R K O F A R K A N S A S

BECKY'S SCHEDULE

- Dec. 1 Luncheon mtg with
UCA Students
- Dec. 3 CMSA Christmas
Party
- Dec. 5 ArPTA Course at
UCA
- Dec. 15 Chiro Board Mtg
- Dec. 18 Visit with ASU PT
Students
- Dec. 23-25 Vacation/Holiday

Important Numbers

Becky's Cell 479-858-2760

Lobbyists:

Bill Phillips
(501) 329-3111 or
Bradley Phillips
(501) 269-2723

ArklaMed—Rick Pate
(870) 864-8896

AR State Board of PT
Web site <http://www.arptb.org>

ArPTA Web site <http://www.arpta.org>

APTA Web site <http://www.apta.org>

AFLAC Anneke Bollman
(479) 264-4623

www.rehabnet-ar.com
User = rna Password = 10144
For member only section

MEDICARE DENYING CLAIMS BASED ON DOCUMENTATION OF TREATMENT TIMES

Outpatient physical therapy practices are being denied payments based on improper documentation of treatment times. A call came in this week from a therapist in a hospital outpatient setting reporting he was denied payment on a claim because of improper documentation of treatment times. He stated that he list a start and stop time for the therapy session and listed the total treatment time on his daily notes. Medicare says that is not sufficient that he needed to document treatment times for each service provided.

A research of the www.arkmedicare.com website, documentation guidelines were found at <http://www.arkmedicare.com/provider/viewarticle.aspx?articleid=5058>. The article stated, "**Therapy Logs/Time Logs:** These should be consistent with the progress notes and reflect minutes/units for each treatment/modality used. It is incumbent on the provider to ensure the time-based HCPCS codes are recorded accurately, noting time treatment began and ended, before assigning units. For the non-time based codes, the "CPT 2009" will notate appropriate billing of units."

In an attempt to clarify the rules, I reviewed the course workbook from a 2007 Cross Country Education Coding and Billing for Therapy and Rehab Course. What I found was as follows:

Treatment Notes

Documentation of each Treatment shall include the following required elements:

- ◆ Date of Treatment
- ◆ Identification of each specific intervention/modality provided and billed, for both timed and untimed codes, in language that can be compared with the billing on the claim to verify correct coding. Record each service provided that is represented by a time code, regardless of whether or not it is billed.

Total timed code treatment minutes and total treatment time in minutes. Total treatment time includes the minutes for timed code treatment and untimed code treatment. Total treatment time does not include time for services that are not billable (e.g. rest breaks). For Medicare purposes, it is not required that unbilled services that are not part of the total treatment minutes be recorded, although they may be included voluntarily to provide an accurate description of the treatment, show consistency with the plan, or comply with state or local policies. The amount of time for each specific intervention/modality provided to the patient may also be recorded voluntarily, but contractors shall not require it, as it is indicated in the billing. The billing and the total timed code treatment minutes must be consistent.

Based on these sources and the recent Medicare denials, I would highly recommend you review your documentation and make sure you are documenting the total timed code treatment minutes and the total treatment time in minutes. Also, be sure that your documentation agrees with your billing.



CLINICS IN THE SPOTLIGHT

The spotlight will be back in 2010

Rehab Net Election Results

We thank all those who ran for office and we hope that those who did not win will run again.

The newly elected officers shall take office on January 1, 2010. The results of the election are as follows:

- ◆ Vice President Adam Carson, PT
- ◆ Treasurer Gabe Freyaldenhoven, PT
- ◆ Member at Large Andrew Abraham, PT

The Board thanks Seth Coulter, PT, for the years he has spent as president of the Board and his staying on this year as our past president to aide in the change in leadership to Bo Renshaw, PT.

The Board also thanks Amy Denton for serving as our vice president for the last four years. Amy has been beneficial in sharing her insight as a pediatric provider and continues to serve as the ArPTA/Rehab Net PAC Chair.

The Board welcome our new vice president, Adam Carson, PT. Adam owns Carson Physical Therapy in Bryant and we look forward to his fresh insight on the Board.

The Board's first meeting in 2010 will be at the Board/Owners Retreat and the Board is looking forward to having greater input from the owners in planning for the new year at the retreat. We hope all the owners will make an effort to come out and join us at Winrock on Mt. Petit Jean. The view is spectacular and the food is awesome, but

best part of it all will be the networking, the sharing and the learning that the owners will get from each other.

Rehab Net's First Owners Retreat

Rehab Net is planning their very first Owner's Retreat in combination with the Board Retreat planned on Feb. 5-6, 2010 at Winrock Conference Center on Mt. Petit Jean. Registration for the Retreat includes dinner on Feb. 5th, sleeping accommodations for Feb. 5th, Breakfast and Lunch on Feb. 6th, plus refreshments throughout the day.

The cost to attend will be \$160 for an owner or to bring your spouse the cost is \$215. Spouses can enjoy the view, hiking, biking, or working out in the state of the art gym at Winrock while the owners are meeting or can come participate in the discussions.

Friday night we will be meeting as a group prior to dinner and social time. The Board will discuss some of their plans for the year and hear feedback from the owners.

Saturday morning will start with breakfast and then roundtable discussion groups will be set up based on your topics of interest. Please indicate areas of interest on your registration form.

It has long been a tradition to create a shirt for our retreat attendees and this year will be no different so please indicate shirt sizes on your registration form as well. Registration forms should be mailed out with your December statements. I know that paying out extra money in December is hard but go ahead and register and you can pay the registration fee in January, but we must have a final count for Winrock at least two weeks prior to the retreat.

Hope we see you all at Winrock!

Save Time. Save Money.
Shop for supplies and equipment online at **IsokineticsInc.com**

Thousands Of Products From Brands Like...

CHATTANOOGA GROUP, INC.
THE SAUNDERS GROUP
Thera-Band
IOMED
BIOFREEZE
HOME RANGER® Shoulder Pulleys
...And More!

Use "THERAPY" as your Coupon Code at the Checkout Screen to receive an additional 10% off your first order!

Order by Phone, Fax, or Internet:
Toll-Free Phone: 1-866-263-0674
Toll-Free Fax: 1-866-315-4148

ISOKINETICSINC.COM
SOLUTIONS FOR YOUR CLINIC AND HOME PATIENT

- Discount Prices
- Fast Connection
- Secure Shopping
- Purchase Orders and Major Credit Cards Accepted

Letter From the Editor

I hope you all had a great Thanksgiving Holiday. I remain thankful to work for such a great group of professionals.

Rehab Net is planning for our courses for 2010 already. On February 27, 2010, we will be returning to the Hilton Garden Inn in Conway for our Spring Course and Dr. Terry Malone is back by popular demand to present his knee course. This will be a one day course.

In the Fall, Rehab Net will once again be combining forces with the Arkansas Physical Therapy Association to provide a two track program. One course will be on Traumatic Brain Injuries and the other course will be on Pediatric Running Injuries. We are still working on instructors for these two topics.

The Arkansas Physical Therapy Association is pleased to have been able to coordinate bringing Dr. Stanley Paris back to Arkansas this Spring so be watching for additional information on this course. -Becky

ArPTA Regional Course Offerings

Advanced Lumbo-Pelvic Manual Therapy Interventions

Presented by Steven Forbush, PT, PhD
Dec. 5, 2009
UCA Physical Therapy Department

Cost Per Course

ArPTA PT Member	\$85
ArPTA PTA Member	\$60
PT Nonmember	\$125
PTA Nonmember	\$100
Student	\$40

To register or to learn more call Becky at 866-548-6003
This is not a Rehab Net sponsored course therefore there is no free registration for our members.

Office Manager's Network

- | | |
|------------------|----------------------------------|
| Dona Van Kirk | housley1@alltel.net |
| Tasi Wyatt | twyatt@mcmasterpt.com |
| Susan Hall | susan@coulterpt.com |
| Myra Dickerson | myra@rivervalleytherapy.com |
| Amber Sartain | pinnacleht@comcast.net |
| Krista Tapp | krista_tapp@pedsplustherapy.com |
| Linda Redden | laredden@sbcglobal.net |
| Alicia Teston | alicia@touchstonept.com |
| Tammye Bradley | seaptinc@cablelynx.com |
| Pam Howard | Pam@casportsmed.com |
| Alicia Teston | alicia@touchstonept.com |
| Gayle Morton | g6024@aol.com |
| Liz Smith | esmith.1971@hotmail.com |
| Brenda Alexander | churchskylar12@yahoo.com |
| Diannia Schooley | clintonphysicaltherapy@yahoo.com |
| Brooke Elliott | brooke@totalrehabinc.com |

Medicare Therapy Cap Values for Calendar Year 2010

The Balanced Budget Act 1997, P.L. 105-33, Section 4541© set annual caps for Part B Medicare patients. These limits change annually. The Deficit Reduction Act of 2005 (signed Feb. 8, 2006) directed that a process for exceptions to therapy caps for medically necessary services be implemented. Subsequently, the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) was enacted on July 15, 2008, and Section 141 extended the effective date of the exceptions process to the therapy caps to December 31, 2009. The exceptions process will continue unchanged for the time frame directed by Congress.

For physical therapy and speech language pathology services combined, the limit on incurred expenses is \$1860 for calendar year (CY) 2010. For occupational therapy services, the limit is \$1860 for CY 2010. The limit is based on incurred expenses and includes applicable deductible and coinsurance.

CR 6660 revises the Medicare Claims Processing Manual (Pub. 100-04, Chapter 5 (Part B Outpatient Rehabilitation and CORE/OPT Services), Sections 10 (Part B Outpatient Rehabilitation and Comprehensive Outpatient Rehabilitation Facility (CORF) Services—General), and Section 20 (HCPCS Coding Requirement) to include the CY 2010 therapy caps, and this revision is included as an attachment to CR 6660.

The therapy cap exceptions process will end on December 31, 2009, unless Congress takes action.

Holiday Idea for Community Service

A Lansdale, PA, group called the Physical Therapy & Wellness Institute (PTW), is offering complimentary resistance exercise bands to local residents, as part of a program to help holiday shoppers suffering from “shopping shoulder.” Shopping shoulder is a seasonal condition resulting from carrying heavy shopping bags. Interested individuals who visit any of PTW’s locations during business hours will receive a free exercise band, a shoulder screening, and a brief demonstration of shoulder strengthening exercises.

Robert Babb, PT, MBA, president of PTW, credits his wife as inspiring the program. She complained of sore shoulders after her holiday shopping trips. “Fortunately for her, she has a therapist available at home to treat her aches and pains,” Babb said. Babb then developed this free program for the public to alleviate painful shoulders and help people shape up for shopping.

PTW was named Best Small Business of the Year in 2008 for their community. I suspect the main reason for this is their continued involvement in their community. Besides the Shopping Shoulder Exercise program, Robert Babb and PTW is involved in local high school sports, local Boys and Girls Club, Rotary Club, Chamber of Commerce, and Booster Club. They are also lead sponsors of the Lansdale’s Annual 5-K Run.

While it might be a little late to put a Shopping Shoulder Program in this year, it may be something you wish to consider in the future. During the Holidays is always a good to build good will in your community.

E-MAIL DIRECTORY

Andrew Abraham
andrewsearcypt@gmail.com

Velvet Barrows
velvet1@sbcglobal.net

Shan Borchers harrisonpt@windstream.net

Adam Carson apcarson@yahoo.com

Jennifer Cavnor jcavnor@comcast.net

Seth Coulter seth@coulterpt.com

Jerrie Cummings gppt@centurytel.net

Joel Sebag joddebs@aol.com

Kenny DeLuca kennydeluca@sbcglobal.net

Amy Denton
amy_denton@pedsplustherapy.com

Gabe Freyaldenhoven
Gabe@Rivervalleytherapy.com

Randy Green
rgreen1126@sbcglobal.net

Jon Hardy tri-lakes@att.net

Craig Hill

chill@cabotphysicaltherapy.com

Steve Hornbeck
seaptinc@cablelynx.com

Matt Jackson
mattjacksonlpt@sbcglobal.net

Steve Joseph pppt@alltel.net

Blake McBride
rtlsnake@centurytel.net

Harry Morton HMJPT@aol.com

Bo Renshaw
bo@casportsmed.com

Clint Rhodes
rhodehogg@hotmail.com

Roger Saenger sptc@alltel.net

Becky Sewell
rehabnet@alliancecable.net

Lee Sowerbutts
sowerbutts@yahoo.com

Steve Stinnett hollystreetpt@cox-
internet.com

Michael Teston
michael@touchstonept.com

Nathan Tumlison
nathan_associatespt@yahoo.com

Ray Yumang
yumangrehab@yahoo.com

Delay in Implementing Phase 2 of CRs 6417 and 6421

Published Online: 11/25/2009

Part B Providers

The CMS will delay, until April 5, 2010, the implementation of Phase 2 of Change Request (CR) 6417 (Expansion of the Current Scope of Editing for Ordering/Referring Providers for Claims Processed by Medicare Carriers and Part B Medicare Administrative Contractors (MACs)) and CR 6421 (Expansion of the Current Scope of Editing for Ordering/Referring Providers for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Supplier Claims Processed by Durable Medical Equipment Medicare Administrative Contractors (DME MACs)). CRs 6417 and 6421 are applicable to Part B claims only.

The delay in implementing Phase 2 of these CRs will give physicians and non-physician practitioners who order items or services for Medicare beneficiaries or who refer Medicare beneficiaries to other Medicare providers or suppliers sufficient time to enroll in Medicare or take the action necessary to establish a current enrollment record in Medicare prior to Phase 2 implementation.

Although enrolled in Medicare, many physicians and non-physician practitioners who are eligible to order items or services or refer Medicare beneficiaries to other Medicare providers or suppliers for services do not have current enrollment records in Medicare. A current enrollment record is one that is in the Medicare Provider Enrollment, Chain and Ownership System (PECOS) and also contains the physician/non-physician practitioner's National Provider Identifier (NPI). Under Phase 2 of the above referenced CRs, a physician or non-physician practitioner who orders or refers and who does not have a current enrollment record that contains the NPI will cause the claim submitted by the Part B provider/supplier who furnished the ordered or referred item or service to be rejected.

CMS continues to urge physicians and non-physician practitioners who are enrolled in Medicare but who have not updated their Medicare enrollment record since November 2003 to update their enrollment record now. If these physicians and non-physician practitioners have no changes to their enrollment data, they need to submit an initial enrollment application which will establish a current enrollment record in PECOS.

For physicians and non-physician practitioners who order or refer:

If you are not enrolled in the Medicare program, or if you enrolled more than 6 years ago and have not submitted any updates or changes to your enrollment information in more than 6 years, you do not have an enrollment record in PECOS. In order to continue to order or refer items or services for Medicare beneficiaries, you will have to submit an initial enrollment application. You may do so either by (1) using Internet-based PECOS (which transmits your enrollment application to the Medicare carrier or A/B MAC via the Internet—be sure to mail the signed and dated Certification Statement to the carrier or A/B MAC immediately after submitting the application), or (2) filling out the appropriate paper Medicare provider enrollment application (s) (CMS-8551 and CMS-855R, if appropriate) and mailing the application, along with any required additional supplemental documentation, to the local Medicare carrier or A/B MAC, who will enter your information into PECOS and process your enrollment application. Information on how to enroll in Medicare is found on the Medicare provider/supplier enrollment web site at www.cms.hhs.gov/MedicareProviderSupEnroll.

If you are already enrolled in Medicare, make sure you have a current enrollment record. You can find out if you have an en-

rollment record in PECOS by calling your designated carrier or A/B MAC or by going on-line, using Internet-based PECOS, to view your enrollment record. We will be posting information to the Medicare provider/supplier enrollment web site that will guide you through this process. Information about Internet-based PECOS and a link to Internet-based PECOS can be found on the Medicare provider/supplier enrollment web site. Before using Internet-based PECOS, we recommend that you read the information that is posted there and that is available in the downloadable documents section.

If you are a dentist or a physician with a specialty such as a pediatrics who is eligible to order or refer items or services for Medicare beneficiaries but have not enrolled in Medicare because the services you provide are not covered by Medicare or you treat few Medicare beneficiaries, you need to enroll in Medicare in order to continue to order or refer items or services for Medicare beneficiaries.

If you are a physician who is employed by the Department of Veterans Affairs, the Public Health Service, or the Department of Defense Tricare program but have not enrolled in Medicare because you would not be paid by Medicare for your services, you need to enroll in Medicare in order to continue to order or refer items or services for Medicare beneficiaries.

If you are a resident who has a medical license but have not enrolled in Medicare because you would not be paid by Medicare for your services, you do not need to enroll in Medicare in order to continue to order or refer items or services for Medicare beneficiaries. The teaching physician—not the resident—should be identified in claims as the ordering/referring provider when a resident orders or refers items or services for Medicare beneficiaries.

CMS actions to mitigate the number of informational messages:

Since many Part B providers and suppliers are receiving a high volume of informational messages in their Remittances, CMS is taking the following actions to reduce the number of informational messages being generated:

1. Prior to the implementation of Phase 2, CMS will systematically add the NPIs to the PECOS enrollment records of all physicians and non-physician practitioners whose enrollment records are in PECOS but do not contain their NPIs. Because the NPI is one of the matching criteria used in implementing the two new edits on the Ordering/Referring Provider, it is essential that the NPI be in the PECOS enrollment record. Because the data file used to implement the two edits contains only the eligible physicians and non-physician practitioners who are in PECOS with NPIs in their enrollment records, this action will add many more physicians and non-physician practitioners to that data file.

2. Prior to the implementation of Phase 2, CMS will make publicly available on the Internet the names and NPIs of the Medicare physicians and non-physician practitioners who are eligible to order or refer in the Medicare program. The name displayed will be that of the physician or non-physician practitioner as it appears in his or her PECOS enrollment record. This will allow Part B providers and suppliers who furnish and bill for items or services based on orders or referrals to determine if the Ordering/Referring Provider being identified in their claims will pass the two new edits prior to submitting the claims to Medicare.

PECOS—Cont'd on Page 6

REHAB NET



Lobbyist Corner

Bradley Phillips
Vice President of
Public Relations
Phillips Mgmt &
Consulting Ser-
vice
C: 501-269-2723
F: 501-327-2458



P.O. Box 202
Conway, AR 72033

Phone: 866-548-6003
Fax: 866-548-6003
Cell: 479-858-2760
E-mail: rehabnet@alliancecable.net
www.rehabnet-ar.com

PECOS—Cont'd from pg. 5

3. Prior to the implementation of Phase 2, CMS will issue instructions to carriers and A/B MACs that will assist them in processing enrollment applications from physicians who are employed by the Department of Veterans Affairs, the Public Health Service, and the Department of Defense Tricare program. The instructions will also state that the teaching physician should be reported as the Ordering/Referring Physician in situations where a resident orders or refers items or services for Medicare beneficiaries. The instructions will also note that dentists and pediatricians, who sometimes order or refer items or services for Medicare beneficiaries, may be enrolling in Medicare in order to continue to order and refer.

4. CMS will be preparing a Special Edition Medicare Learning Network (MLN) Matters Article on the implementation of these two new edits. This MLN Matters Article will expand upon the information currently available in MLN Matters Articles MM 6417 and MM 6421.

Legislative Alert

Background

For the last several years, APTA has invested considerable efforts in pushing Congress to change the statutory formula that imposes cuts in Medicare and TRICARE payments to physical therapists, and to repeal the long standing therapy caps under Medicare. Historically, Congress has responded with a series of temporary fixes.

Unless current law is changed, Medicare and TRICARE payments will be cut 21.2% and a \$1,860 Medicare cap on physical therapy services will go into place in January 2010 – which would devastate seniors' and military beneficiaries' health care access to qualified health care professionals.

National health care reform bills in both the House and Senate include a temporary therapy caps payment fix - as a two year extension of the current exceptions processes. Before passing their health care reform bill last week, House Leaders decided to strip the payment fix out of national health reform and address the permanent fix as stand-alone legislation.

Rep. Dingell's Medicare Physician Payment Reform Act of 2009 (**H.R. 3961**) will repeal the current flawed SGR formula. The bill is expected to come up for a vote in the House sometime this week.

Talking Points

Congress must pass legislation by January 1, 2010 to prevent a 21.2% payment cut to physical therapists under the Medicare physician fee schedule that will limit patient access and the viability of health care professionals. H.R. 3961 will eliminate the flawed SGR formula that is causing these yearly proposed cuts.

Congress must pass legislation by January 1, 2010 to ensure patient access to necessary physical therapy services. Urge your Representative to **add** the permanent repeal of the therapy caps to H.R. 3961 which will finally fix this problem once and for all.

APTA has been working to permanently repeal the therapy caps for many years. H.R. 43 is currently the stand alone vehicle to permanently repeal the caps.

Urge your representative to **ADD** a permanent repeal of the Medicare Therapy Caps to H.R. 3961 and support the Medicare Physician Payment Reform Act of 2009 (**H.R. 3961**)

What you can do

Call your **Representative** and urge them to **ADD** a permanent repeal of the Medicare Therapy Caps to H.R. 3961 and support the Medicare Physician Payment Reform Act of 2009 (**H.R. 3961**) as soon as possible. This legislation could be voted on this week, so **ACT NOW!**

If you have any questions or need additional information regarding the Medicare Physician Payment Reform Act of 2009 (H.R. 3961) please contact the APTA Government Affairs Department, 1-800-999-2782 ext. 8533, advocacy@apta.org. Thanks for your help in getting this important message through to Congress!