

# 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

- 2-3 ASBCE Hearing
- 2-5 ASBPT Meeting
- 2-16 Holiday
- 2-17 CMSA Meeting
- 2-28 Rehab Net Spring Mtg

## Important Numbers

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Web site <http://www.arptb.org>

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

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

AFLAC Anneke Bollman  
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## Billing: Gear Up for Q1 With These Deductible Collection Tips

Collecting deductibles from your patients has never been more difficult or time-consuming. Determining whether the patient has secondary coverage and if she's already met her deductible can cost you an hour of your time.

Ever heard the rumor that you can't collect a deductible from a patient before you receive an EOB from the insurer? This isn't true, says **Joan Gilhooly, CPC, CHCC**, president of Medical Business Resources, LLC. "From a compliance standpoint, if the practice knows without a doubt that the patient's deductible had not been met, there is nothing that prohibits the practice from collecting it at the time of service prior to sending the claim to Medicare."

**Don't miss:** "If you're a contracted provider, there may be stipulations in your contract that say whether or not you can collect at time of services," points out **Lynn Steffes, PT**, president of Steffes & Associates. Other than that, "the best time to collect money is at point-of-service," she maintains.

**Counter-argument:** Some experts, however, have different advice. "Now that Medicare pays so promptly, and so many people have secondary plans, it's very uncommon to find someone whose deductible you need to collect up front," Gilhooly says.

**Keep in mind:** You should still strongly consider collecting the deductible up front, especially if you're a small rehab business, Steffes stresses. "People used to owe \$5 or \$10 per visit, but now between copays and deductibles, it's hundreds and hundreds, and if you can't collect that, it's cost-prohibitive for a small business."

"Some practices collect the deductible up front as a rule, especially if they see the patient early in January and then figure they'll just issue a refund later if necessary," says **Jay Neal**, a coding consultant. But this practice can be costly for your business, he warns.

"I once did the billing for a practice that collected a deductible from every single patient they saw from Jan. 1 through Feb. 1," Neal says. "It was their policy, and they had no intention of changing it-- until we had to bring in a temp for a month to help us process all of the refunds."

"Given the extraordinary expense of processing refunds, I generally recommend that practices don't collect the deductibles. Instead, they should simply wait the two weeks, assuming electronic claims filing, to find out if the patient really does owe any money," Gilhooly advises.

**Possible solution:** If you're able to take advantage of real-time claims adjudication, you won't have to worry as much about whether you're collecting the proper amount. Faster patient collections tops the list of pros for using RTCA. For more information on RTCA, you can purchase a CD of an Eli-sponsored audio conference on the topic at [www.audioeducator.com/industry\\_conference/php?id=1090](http://www.audioeducator.com/industry_conference/php?id=1090).

If you decide to collect up front, make sure you're not scaring patients away. "Have a system in place where you set expectations for your patients up front," Steffes says. She instructs her clients to offer their patients a "financial orientation" no later than the second visit, where the practice explains what insurance will cover and gives patients in writing an estimate of what they would owe for deductibles, copayments, coinsurance, etc.

**Critical:** "It's really important to get a commitment from the patient on how they plan on paying the bills, whether that's cash, check, or credit card," Steffes says. "I also suggest asking for a backup credit card in case patients forget to bring their checkbook."

Also, make sure you put in writing that if there's ever an overpayment on the patient's end, that you'll credit their account immediately or send them a check, Steffes recommends.



## CLINICS IN THE SPOTLIGHT



Noel Physical Therapy  
& Sports Medicine, Inc.  
920 Harrison Street,  
Suite B  
Batesville, AR 72501  
(870) 698-9300

Greg Noel, PT, started his practice as a sole proprietorship in 2003 and in 2006 incorporated as Noel Physical Therapy and Sports Medicine, Inc. While he started his practice in Batesville, he soon expanded his service area by opening a second location in Melbourne

Greg is one of the few physical therapists in Arkansas who is certified in sports medicine and we are lucky to have him in our group. Noel Physical Therapy specializes in sports and orthopedic physical therapy. He also offers functional capacity evaluations, work conditioning and pain management.

Tracey Tosh runs the front desk and manages the billing at the clinic in Batesville. Shannon Smith, PTA/ATC, has worked with Greg for several years now and is an integral part of his team.

As you might suspect, Greg is an avid sports fan and coaches T-ball and soccer in his free time. Prior to getting his masters in physical therapy, Greg worked with the Boy Scouts of America as the executive director in Hot Springs. Since obtaining his masters in 1993 from the University of Central Arkansas, he has worked in Batesville with the White River Medical Center until he left in 2003 to open his own physical therapy center.

The Melbourne location is located at 701 Main Street.

"Patient education is part of what I do," Noel tells us. "I teach the patient how to prevent injury in the future, which is one of the most important things we do."



Southeast AR Physical  
Therapy  
2801 S. Olive Street,  
9D  
Pine Bluff, AR 71603  
870-541-0003

Steve and Cathy Hornbeck, PTs, are the owners of Southeast Arkansas Physical Therapy in Pine Bluff where they offer aquatics, orthopedics, geriatrics, manual therapy and sports injury rehabilitation. They are able to treat all ages at their facility. They also perform functional capacity evaluations, work conditioning, massage therapy, manual therapy, kinesio taping, and fitness programs.

Steve proudly tells us that their facility is the only one in Jefferson County that offers aquatic therapy. He tells us, "We strive to treat each patient as an individual and set them up on a treatment plan specific to their needs. We also offer extended hours to meet the needs of our patients who do shift work."

Steve treats patients as well as performs administrative duties. Cathy works part time so she is able to shuttle their two children to their activities. Kim Spivey, PT, is their senior physical therapist and Catherine Scoggins is their physical therapist assistant who has her geriatric specialty certification. Cindy Smith is their tech as well as a licensed massage therapist and Tammye Bradley keeps the front desk and billing department in check.

Steve shared with us that not long ago they had a patient that had low back pain for over six months with no relief with several types of treatment. They were able to identify a SI joint dysfunction and with a few treatments of manual therapy and aquatics the patient was pain free. Now that's what we call results!

Steve, Cathy, and their staff strive to provide the best therapy possible to assist all the population of their surrounding communities.



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**Avoid Billing Pitfalls With 97012 and 97140**

**Question:** One of my therapists performed a suboccipital myofascial release with a patient for 10 minutes and charged for manual therapy (97140). Then she gave the patient mechanical traction for 15 minutes and charged 97012. It's my understanding that you're not supposed to code 97140 with 97012 -- so what is the correct way to bill this session?

Would it be appropriate to bill two units of 97012 or 97140? Or should we just bill 97140 for one unit and not bill for the mechanical traction time?

**Answer:** Based on what you wrote and assuming the patient received no other one-on-one treatment, you should bill one unit of 97140 (Manual therapy techniques [e.g., mobilization/manipulation, manual lymphatic drainage, manual traction], one or more regions, each 15 minutes) and one unit of 97012 (Application of a modality to one or more areas; traction, mechanical).

If Medicare is the patient's insurance payer, be sure to append modifier 59 (Distinct procedural service) to 97140 on the claim form.

**Letter From the Editor**

One weekend out of the year our Board of Directors gets together for a planning retreat and they just had their retreat on January 23-24. I wanted to let you all know that they have heard what you are saying about still being concerned about treating backs and we are trying to get you some reassurance as well as a plan for what to do if anyone tries to say you can't treat a back or that you are doing manipulations. We have consulted an attorney and we are also asking the Physical Therapy Board to provide us some advise for the future as well. I will be sharing our findings with you in the near future.

We also discussed the bills mentioned by Bradley in his article on the back page. We are watching the legislative session very closely thanks to a new software program our lobbyists are using to keep us advised of bills being introduced.

**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    | pinnaclht@comcast.net            |
| Krista Tapp      | krista_tapp@pedsplustherapy.com  |
| Linda Redden     | laredden@sbcglobal.net           |
| Nancy Orpin      | nancy@touchstonept.com           |
| Tammye Bradley   | seaptinc@cablelynx.com           |
| Pam Howard       | Pam@casportsmed.com              |
| Pat Burns        | pburns608@yahoo.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 |
| Debbie Johnson   | debjohn@conwaycorp.net           |

# 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](mailto:rehabnet@alliancecable.net)  
[www.rehabnet-ar.com](http://www.rehabnet-ar.com)

## Bill Alert!

Greetings from your State Capitol. It's a busy time up here and as usual, we find our industry under attack. I wanted to let you know about a few pieces of legislation that you should be aware of. Below are the bills that we are currently watching for physical therapists:

SB89 is an act to amend various provisions of the massage therapy act. This bill appears to be seemingly harmless were it not for a line on the second page of the bill that says:

"Massage Therapy means... the assessment, **MOBILIZATION**, and the treatment of soft tissues, which may include skin, fascia, tendons, ligaments, and muscles and their dysfunctions for therapeutic purposes of establishing and maintaining good physical condition, comfort, relief of pain or injury."

Needless to say, we have a huge problem with this bill. We have been told that due to recent frustrations with the Massage Therapy Board, its sponsor will pull down this bill.

HB1162 was filed in response to more recent changes to the Massage Therapy Act. I'd rather not get into details, but language was passed over the summer that would allow massage therapists to work on questionable areas of the body with a doctor's prescription. Last week, Beverly Pyle filed HB1162, which will abolish the massage therapy board and place massage therapy under the department of health. This bill looks like it may actually go through.

More updates to come as news happens.

Bradley Phillips  
Vice President  
Phillips Management and Consulting Service  
C: 501-269-2723  
F: 501-327-2458  
[Bradley@Phillipsmanagement.net](mailto:Bradley@Phillipsmanagement.net)

## E-MAIL DIRECTORY

Andrew Abraham  
[andrewsearcypt@gmail.com](mailto:andrewsearcypt@gmail.com)  
Velvet Barrows  
[velvet1@sbcglobal.net](mailto:velvet1@sbcglobal.net)  
Shan Borchers [harrisonpt@alltel.net](mailto:harrisonpt@alltel.net)  
Adam Carson [apcarson@yahoo.com](mailto:apcarson@yahoo.com)  
Jennifer Cavnor [jcavnor@comcast.net](mailto:jcavnor@comcast.net)  
Seth Coulter [seth@coulterpt.com](mailto:seth@coulterpt.com)  
Jerrie Cummings [gppt@centurytel.net](mailto:gppt@centurytel.net)  
Joel Sebag [joddebs@aol.com](mailto:joddebs@aol.com)  
Kenny DeLuca [kennydeluca@sbcglobal.net](mailto:kennydeluca@sbcglobal.net)  
Amy Denton  
[amy\\_denton@pedsplustherapy.com](mailto:amy_denton@pedsplustherapy.com)  
Gabe Freyaldenhoven  
[Gabe@Rivervalleytherapy.com](mailto:Gabe@Rivervalleytherapy.com)  
Randy Green [rgreen1126@sbcglobal.net](mailto:rgreen1126@sbcglobal.net)  
Jon Hardy [tri-lakes@att.net](mailto:tri-lakes@att.net)

Craig Hill  
[chill@cabotphysicaltherapy.com](mailto:chill@cabotphysicaltherapy.com)  
Steve Hornbeck  
[seaptinc@cablelynx.com](mailto:seaptinc@cablelynx.com)  
Matt Jackson  
[mattjacksonlpt@sbcglobal.net](mailto:mattjacksonlpt@sbcglobal.net)  
Steve Joseph [pppt@alltel.net](mailto:pppt@alltel.net)  
Blake McBride  
[rtlsnake@centurytel.net](mailto:rtlsnake@centurytel.net)  
Harry Morton [HMJPT@aol.com](mailto:HMJPT@aol.com)  
Greg Noel  
[gnoelpt@sbcglobal.net](mailto:gnoelpt@sbcglobal.net)  
Bo Renshaw  
[bo@casportsmed.com](mailto:bo@casportsmed.com)  
Clint Rhodes  
[rhodehogg@hotmail.com](mailto:rhodehogg@hotmail.com)  
Roger Saenger [sptc@alltel.net](mailto:sptc@alltel.net)  
Becky Sewell  
[rehabnet@alliancecable.net](mailto:rehabnet@alliancecable.net)

Lee Sowerbutts  
[sowerbutts@yahoo.com](mailto:sowerbutts@yahoo.com)  
Steve Stinnett [hollystreetpt@cox-internet.com](mailto:hollystreetpt@cox-internet.com)  
Michael Teston  
[michael@touchstonept.com](mailto:michael@touchstonept.com)  
Nathan Tumilson  
[nathan\\_associatespt@yahoo.com](mailto:nathan_associatespt@yahoo.com)  
Ray Yumang  
[yumangrehab@yahoo.com](mailto:yumangrehab@yahoo.com)