

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

Feb. 5-6 Owners' Retreat
Feb. 8 Comp Day
Feb. 10 SACC Forum
Feb. 12 ASU Presentation
Feb. 15 Holiday
Feb. 16-19 APTA Combined
Sections Mtg
Feb. 27 Rehab Net Spring
Mtg

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

Therapy Cap Update & Faq

Ima Backstrom from A. Yumang Rehab Services in Springdale spoke with Mark Chaney in Senator Lincoln's office recently regarding the therapy cap and the need to pass legislation addressing the therapy cap. Mr. Chaney stated that Medicare was put on the back burner because of the Health Reform bill as we all suspected. He is hopeful that a bill will be passed before March 1st that will address reinstating the exceptions process.

In the meantime, the APTA has put out a faq on their website that may be useful.

As of January 1, 2010 there is an \$1860 combined cap on physical therapy and speech language pathology services and a separate \$1860 cap on occupational therapy services. There is no therapy cap exceptions process available after January 1, 2010. Congress would need to pass legislation to continue the exceptions process, which expired on December 31. When a patient exceeds the 2010 therapy cap limit of \$1860, he or she will either need to pay out of pocket for therapy services exceeding the cap or receive these services from an outpatient hospital setting. The cap is applicable to services provided to a Medicare beneficiary January 1, 2010-December 31, 2010.

Below are some of the most common questions related to implementation of the therapy cap without an exceptions process. This document will be updated when Congress passes legislation regarding the therapy cap.

Q: If there is no exceptions process in 2010, what are my options for delivery of services to my Medicare patients who exceed the \$1860 cap amount?

A: If Congress does not extend the exceptions process, Medicare beneficiaries have two options. They can either continue to receive services through their current physical therapists and pay for these services out of pocket or they can elect to receive services through an outpatient hospital department.

If the patient elects to pay out of pocket, it is advisable to obtain a signed Advanced Beneficiary Notice (CMS-R-131) (ABN) from the patient, although the use of the ABN is voluntary. Then the therapist can collect cash from the beneficiary or bill the patient's secondary insurance. The secondary insurance may require a denial from the Medicare program before it will cover these services. If a patient would like to continue to receive coverage under Medicare for outpatient physical therapy services he or she must be discharged and go to an outpatient hospital department to receive those services

Q: If a Medicare beneficiary chooses to continue treatment in a setting that is not an outpatient hospital, at what rate can the services be billed?

A: If the beneficiary chooses to continue treatment at a setting other than the outpatient hospital where medically necessary services may be covered, the services may be billed at the rate the provider/supplier determines. However, be aware that provision of free or deeply discounted services can potentially be a violation of the anti-kickback statutes.

Q: Why do the therapy caps not apply in outpatient hospital departments?

A: When Congress passed the Balanced Budget Act of 1997, outpatient hospital departments were excluded from the therapy cap. Congress wanted to create a "safety net" for Medicare patients who exceed the cap. There was no specific rationale for Congress choosing outpatient hospitals as the "exempt" setting.



CLINICS IN THE SPOTLIGHT

The spotlight will be back in 2010



Lane Physical Therapy
3016 West Main, Suite
200
Russellville, AR 72801
479-967-96757

Lane Physical Therapy Center is owned by Cameron Lane, PT. Cameron states the mission of Lane Physical Therapy Center is to present Christ to his patients and employees by providing the highest quality, comprehensive rehabilitative care and ethical business practices.

Cameron tells us, “when you're in pain, all you want is relief. Our clinic strives in meeting the many needs of the people in the River Valley area. We have been serving this area over the last 10 years. Immediate scheduling and flexible hours are certainly convenient, but it's the quality of therapy we offer and the way we care for you that will make the difference in your recovery. We provide compassionate care with a motivated environment to create successful results.”

Working along side Cameron are Leigh Barborek, DPT; Stacey Boster, MSPT; and CaraJean Wilson, MPT. Assisting the therapists are Jerrod Smith; Mike Hilton, ATC; and Will Davis, Certified Personal Trainer. Running the front office is Andrea Wolfe and Amy Malloch.

Lane Physical Therapy specializes in orthopedic sports medicine and McKenzie Diagnosis Therapy. Lane Physical Therapy also offers the MedX for the back, neck and spine, and provides wound care services.



Tri-Lakes Physical
Therapy
307 Carpenter Dam
Road, Building L
Hot Springs, AR 71901
(501) 623-6353

Tri-Lakes Physical Therapy is owned by Jon Hardy, PT. Jon bought Orthopedic Manual Physical Therapy from Cleve Smith, PT, several years ago and then later revamped it into Tri-Lakes Physical Therapy. In late 2008, Jon built a new building and relocated his clinic from Grand Avenue to Carpenter Dam Road.

Tri-Lakes Physical Therapy now supports two physical therapists as Frank Warren, PT, came to join the clinic in 2009. The clinic mainly serves orthopedic rehab patients and now offers aqua therapy to their patients. The facility has a full size pool and hot tub to better treat their patients.

Jon began practicing physical therapy in 1994 and began work as a self employed contractor working with the geriatric population in long term care. His work emphasis was in orthopedics, strokes, and wound care. He then moved to post operative rehabilitation in orthopedics and home health. He began his private practice in 2003 where he focused on evaluation and treatment of spinal dysfunction and orthopedic conditions.

Frank began his career in physical therapy in 1991 working at Levi Hospital with arthritic, orthopedic, stroke, TBI, and muscular dystrophy patients. He has worked in hospital, home health, and private practice settings.

Bill Saunders manages the businesses offices of Tri-Lakes and proudly reported that Tabbitha Briggs recently joined their staff as their billing manager. Tabbitha worked for Jordan Physical Therapy for a long time and is well known to us at Rehab Net.

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Letter From the Editor

Rehab Net is hosting it's very first Owner's Retreat at Winrock Conference Center on Mount Petit Jean this coming weekend. We have 15 clinic owners attending with several of their spouses.

We are looking forward to lively discussions on matters such as referral development, marketing, alternative payment systems, team development, etc... We are also looking forward to some good food and a great time socializing with each other.

I am pleased to announce that the Arkansas State Board of Physical Therapy approved the retreat for 4 contact hours.

Rehab Net picked up two new members this last month: Sports Plus Physical Therapy in Greenwood and Steadman's Physical Therapy in Hot Springs. Welcome to Rehab Net!

Oh and if you haven't registered for our Spring course, please do!

Becky A. Sewell
Executive Director

Terry Malone, PT, MSPT, EdD, ATC, FAPTA
Returns to Arkansas
Feb. 27, 2010

Back by popular demand is Dr. Terry Malone. This Spring he will be presenting his Knee Rehabilitation Course for Rehabilitation Network of Arkansas

Location:
Hilton Garden Inn
805 Amity Road
Conway, AR

We have secured a room rate of \$89 if you wish to drive up the night before. We have once again opened this meeting up to non-members for a price so tell your friends about the course. If you have not already received a brochure on the course, you should be receiving it shortly.

Office Manager's Network

- | | |
|------------------|----------------------------------|
| Dona Van Kirk | housley1@alltel.net |
| Tasi Wyatt | twyatt@mcmasterpt.com |
| Susan Hall | susan@coulterpt.com |
| Myra Dickerson | myra@rivalleytherapy.com |
| Amber Sartain | pinnacleht@comcast.net |
| Krista Tapp | krista_tapp@pedsplustherapy.com |
| 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 |

Rehab Net will have a lunch meeting along with the course.

Say Hello to PQRI 2010 — And See What's Cooking For 2011

(reprinted from Eli's Rehab Report, 2010, Vol. 17, No. 2)

The 2010 Medicare Physician Fee Schedule brought more than just new code values for this coming year -- it updated the Physician Quality Reporting Initiative (PQRI) as well. See what's new for rehab so you can cash in on a bonus if you're in a private practice setting.

Hear the Inside Scoop

Physical and occupational therapists will not see new measures to report this year, experts confirm. But you should be aware of what's going on behind the scenes.

For one, the professional associations are working hard to get registry reporting systems running and approved so that rehab professionals in settings besides private practices can participate in PQRI.

Example: The American Occupational Therapy Association (AOTA) is working with the company, Cedaron, which has a system in place to electronically report PQRI measures, says **Chuck Willmarth**, director of reimbursement and regulatory policy for AOTA. The system is not complete yet, but the Centers for Medicare & Medicaid Services recognizes Cedaron as a PQRI reporting registry.

Another PQRI development is the possibility of more occupational therapy measures in 2011. "Many of the OTs in private practice are hand therapists -- and the measures we have available at the moment are not specific to hand therapy," Willmarth points out.

The good news: "We recently learned that Quality Insights of Pennsylvania is reconvening their expert workgroup," Willmarth says. This company was in the

middle of getting four new quality measures for OTs endorsed for PQRI when its contract ran out. Now, AOTA hopes to see these measures move forward for 2011.

In other news, the American Medical Association and other healthcare professionals met with CMS about PQRI and brought up the agency's excessive lag time for giving feedback, according to **Jennifer Hitchon, JD, MHA**, regulatory counsel for AOTA, who attended the meeting. "Dr. Rapp [director of quality measurement and health assessment for the CMS Office of Clinical Standards and Quality] said the agency would really take the lag time into consideration and encouraged anyone with questions on reporting measures to call the help desk." The help desk number is 1-866-288-8912.

Also of note: Funding for PQRI lasts only through 2010, Willmarth points out. "Part of the PQRI funding is linked with healthcare reform, so funding for it in the future depends on what happens with Congress."

Cozy Up to NOMS, SLPs

Speech-language pathologists (SLPs) were eligible PQRI participants in 2009 but had no discipline-applicable measures to report. But CMS added 16 new measures for SLPs to report in 2010. "SLPs will be able to report outcomes for stroke patients in eight functional domains: spoken language comprehension, reading, spoken language expression, writing, motor speech, swallowing, attention, and memory," confirms **Mark Kander**, director of health
PQRI Cont'd on Page 5

E-MAIL DIRECTORY

Andrew Abraham
andrewsearcypt@gmail.com
Velvet Barrows
velvet@totalrehabinc.com
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
mattjackson1pt@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 Tumilson
nathan_associatespt@yahoo.com
Ray Yumang
yumangrehab@yahoo.com
Teresa Prewett tppt@swbell.net
Eddie Steadman
eddiesteadman@ymail.com

PQRI Cont'd from Page 4

care regulatory analysis for the American Speech-Language Hearing Association (ASHA).

Audiologists will also have three measures available to report in 2010, Kander says.

Key: All eight PQRI measures for SLPs are functional measures derived from ASHA's National Outcomes Measurement System (NOMS), explains **Kate Romanow, JD**, director of health care regulatory advocacy for ASHA.

The catch: "Currently, Medicare claim forms do not contain codes for the eight approved quality measures for SLPs," says **Jaumeiko Coleman, PhD, CCC-SLP**, associate director of N-CEP for ASHA. So you must report the SLP measures via registry instead.

NOMS, ASHA's registry, is the only vehicle through which one can submit functional communication measures. "ASHA recently applied for NOMS to become Medicare approved, and ASHA hopes to hear from CMS about the approval status by mid-2010," Coleman says. "We encourage SLPs eligible for PQRI to report data associated with the approved measures to NOMS, despite the current approval status of NOMS as a Medicare-approved registry."

Bottom line: SLPs must enroll in NOMS and get training in the NOMS "seven-level functional progress scale" in order to participate in PQRI, Kander says.

Get a Measure Reporting Refresher

If you're eligible to report PQRI make sure you're properly reporting your measures so you can cash in on your 2 percent bonus. This is 2 percent of all allowed charges for covered Medicare Part B services.

- ◆ Use the proper quality data code CMS assigned the measure when you report it.
- ◆ Make sure you include a relevant CPT code or "denominator code" to validate the quality data code.
- ◆ Watch for cases where the PQRI measure requires a diagnosis code present.
- ◆ Enter the quality data code as a separate line item on the claim form, and mark it with a charge of \$0.00 (or \$0.01 if your billing software doesn't accept zero charges).
- ◆ Be sure to report at least three quality measures, and for each measure cover at least 80 percent of the patient population CMS assigns to the measure.

News Briefs: Get More Specific With Your ABNs

Having a hard time distinguishing your voluntary Advance Beneficiary Notices from your required ABNs? CMS has some new modifiers to solve that problem.

Background: Up until late 2008, providers issued either an ABN or Notice of Exclusion from Medicare Benefits (NEMB), depending on the circumstance. CMS required ABNs when regularly covered Medicare services might not have been covered. An NEMB, however, was an optional form to notify patients of services completely excluded from Medicare coverage parameters. In 2009, however, CMS instructed providers to use only the ABN.

CMS still requires the ABN for cases where a Medicare service may not be covered. Yet providers may now also use the same ABN form -- optionally -- in cases where they once used an NEMB.

To eliminate confusion, CMS issued CR 6563, announcing that effective April 1, 2010, you'll use HCPCS level 2 modifiers to distinguish between voluntary and required ABN forms. Those modifiers, according to an MLN Matters article, are:

- ◆ **Modifier GA.** In April, its new definition will mean, "Waiver of Liability Statement Issued as Required by Payer Policy." You will use this modifier to report when you issued a *required* ABN for a service.
- ◆ **Modifier GX.** This is a new modifier CMS created with the definition, "Notice of Liability Issued, Voluntary Under Payer Policy." You will use this modifier to report when you issued a *voluntary* ABN for a service. You should only submit this modifier for non-covered charges, or your Medicare contractor will deny the claim as a beneficiary liability, according to the MLN article.

For more details on using these modifiers, view the full MLN article at www.cms.hhs.gov/MLNMattersArticles/downloads/MM6563.pdf.



REHAB NET



Lobbyist Corner

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



APTA Ramps Up Efforts in Cap Fight

This last week APTA joined with more than 20 health care organizations in calling on Congress to immediately reinstate the therapy cap exceptions process for Medicare Part B outpatient therapy services. "The undersigned organizations, representing consumers, health professionals and providers, request immediately action by Congress to prevent thousands of Medicare beneficiaries from exceeding arbitrary limitation on outpatient physical therapy, occupational therapy, and speech-language pathology services..." said the coalition in a letter to House Speaker Nancy Pelosi (D-CA), Senate Majority Leader Harry Reid (D-NV), and other members of Congress.

APTA also issued a press release this week that notes that some beneficiaries will soon reach the \$1,860 cap, which went into effect January 1. The association has developed a FAQ document to help physical therapists determine how to proceed once a patient has exceeded the cap. Other resources related to the implementation of the therapy cap can be found on the APTA's web site, www.apta.org.

The following organizations called for action by Congress:

American Assoc. of Homes & Services for the Aging
American Association of People with Disabilities
American Health Care Association
American Heart Association/American Stroke Association
American Medical Rehabilitation Providers Association
American Music Therapy Association
American Occupational Therapy Association
American Physical Therapy Association
American Speech-Language Hearing Association
Amputee Coalition of America
Autism Society
Brain Injury Association of America
Council for Learning Disabilities
Disability Rights Education and Defense Fund
Easter Seals
Family Voices
National Association of County Behavioral Health & Developmental Disability Directors
National Association of Social Workers
National Association of State Head Injury Administrators
National Association for the Support of Long-Term Care
National Disability Rights Network
National Multiple Sclerosis Society
National Spinal Cord Injury Association
Private Practice Section of the American Physical Therapy Association
PTPN (National network of independent rehab practices)
The Arc of the United States
The Association of Assistive Technology Act Programs
United Cerebral Palsy
United Spinal Association
World Institute on Disability

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

