



Rehab Net News Update

Volume 11 Number 5

June 1, 2010

Becky's Calendar

- June 5 Rehab Net Fun Day
- June 7 Comp Day
- June 10 AR Chiro Board
- June 24 Rehab Net Board Mtg
- July 8 ASPTB Public hearing on new Rules and Regulations

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

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For member only section

Make Time to Target Untimed Codes on Your Part B Therapy Claims

- Don't let the RACs bilk you out of this one example of appropriate billing

(reprinted from the Eli Rehab Report, Vol. 17, No. 5, May 1, 2010)

RACs are already going after overbilling untimed therapy codes, so take a quick look to make sure your rehab organization isn't wide open for payment recoupment and related compliance woes.

Three out of four RACs have published untimed codes as an approved issue for automated reviews, warns Nancy Beckley, MB, MBA, CHC, a consultant with Bloomingdale Consulting Group Inc. in Brandon, FL. Automated RAC reviews are ones "where the computer rolls away in the middle of the night and determines if a particular code has been billed in units of more than one."

An untimed code, according to the CPT code definition, is one billed irrespective of the time spent on the services.

"The therapy documentation may include the number of minutes," says Victor Kintz, MBA, CHC, LNHA, RACCT, CCA, managing director of operations for The Polaris Group based in Tampa, FL. "But a biller who isn't familiar with the codes may bill for four units or an hour for an untimed code".

And if the MAC or FI system pays it by mistake, then there's an overpayment," Kintz cautions.

So therapists in facility settings should alert their billers to this potential snag.

In the RAC demo alone, RACs recovered \$3.2 million on the issue of speech therapy untimed codes, noted Betsy Anderson, a VP at FR&R Healthcare Consulting in Deerfield, IL, in a presentation on RACs at the 2009 American Association of Homes and Services for the Aging annual meeting.

Speech/hearing pathology has the most commonly used untimed codes, Kintz notes.

"Speech/hearing therapy and swallowing therapy are examples of two."

Examples of untimed codes for physical therapy include electrical stimulation for stage III and IV ulcers and paraffin bath therapy, Kintz adds. Also keep in mind that most rehab therapy evaluations are untimed codes—"no matter how long the evaluation took," he says.

The only exceptions are some timed evaluations for SLPs, such as 96105 and 96125 which are each a per hour code. OTs can report 96125 too.

It's not just the codes

themselves you need to watch; modifiers can spring a RAC trap too. For example, "Medicare allows you to use the 59 modifier to identify situations where you provided therapy to more than one body site," says Pauline Franko, PT, principal of Encompass Consulting and education in Tamarac, FL. But you can't use a modifier 59 for an untimed code, she stresses.

Watch for Unfair RAC Denials

Even if you're following all the rules, beware mistakes on the RAC's end too.

Some providers in FL have had Part B therapy claims denied because claims had two untimed codes appearing on the same claim. Yet "there is no prohibition against billing two untimed codes—the approval issue is for two units of an untimed code," Beckley points out. And Florida providers are appealing those denials, she says.

An acceptable claim "would be a speech swallowing evaluation and a speech swallowing service on the same claim," Beckley says.

And if your RAC comes after you for a claim like this, stand your ground and appeal.



Clinic In The Spotlight



Harris & Renshaw Rehab Center

Stan Harris, former owner of Northside Therapy, and Bo Renshaw, former owner of Central AR Sports Medicine, combined their practices and became Harris and Renshaw Rehab Center earlier this year. Their new facility is located at 4801 Fairway Ave in No. Little Rock.

Some of the great services that they offer includes functional capacity evaluations, pain management, bio-feedback, women's health, work conditioning, manual therapy, athletic training and sports medicine.

Kathy Borrelli, PT, and

Wanda Admire, PT, work with Stan and Bo to provide a wide range of services to their patients. Kathy is developing their women's health program and would welcome any referrals you might make for women's health.

Bo says, "We have one simple goal: to provide personalized, effective rehabilitation programs so you can return to full function quickly and safely. It's a simple premise: We want you to overcome your injury or impairment just as much as you do, and we'll do what it takes to help you get there.

No matter what your problem is, we'll give it our best."

Stan adds, "Our therapy sessions are time intensive due to the nature of what we see. We have made every effort to diversify in this unpredictable market." Stan describes their staff as detail oriented and they make their patients feel "at home" in the clinic. To add to this "at home" feeling, the clinic lobby reminds you of a family den.

Pam Howard manages the offices with the help of Linda Higdon and Angela Gentry.

If a Provider Won't give me My Medical Records

I was recently asked what to do if a provider would not release your medical records to you. According to <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html> you do have the right to request a copy of your records as do your patients.

•If you believe your rights are being denied or your health information isn't being protected, you can

•File a complaint with your provider or health insurer

•File a complaint with the U.S. Government

My advice would be to start by filing a complaint with the compliance officer at the provider's office. You can then go online and file a complaint directly with the Government at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/consumer_rights.pdf provides

a good pdf file on your HIPAA rights which states that doctors must give over your medical records but can exclude information that might be harmful to you or other people. It further states that must give you your records within 30 days but it may be extended an additional 30 days if they can give you a reason.

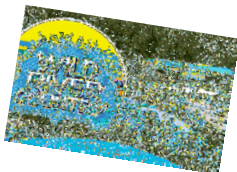
The Office for Civil Rights handles these complaints. Below is the contact info for our regional

office.

Region VI - Dallas (AR, LA, NM, OK, TX)

Ralph Rouse, Regional Mgr
Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Ste 1169
Dallas, TX 75202
Voice Phone (214)767-4056
FAX (214)767-0432
TDD (214)767-8940

Of Course, this is the proper way to file a complaint for any HIPAA violation.



Rehab Net Fun Day 2010

Wild River Country

June 5, 2010

10am til Close

Lunch 11:30 to 12:30

Bingo Starts at 12:30

Thanks to Isokinetics for
Sponsoring Our Bingo
Prizes

Letter from the Editor

Fun Day is right around the corner. As per usual, we will be enjoying some great fun in the water, good food from Corky's BBQ, and Bingo after lunch with cash prizes.

Our lobbyist Bradley Phillips has shared some of his thoughts on the recent election and upcoming runoffs so be sure to check out what he has to say in the

Lobbyist Corner.

As you may recall, the Physical Therapy Board made some changes and updates to the Arkansas Physical Therapy Practice Act in 2008. They have now finished their updates to the Rules and Regulations and have posted the draft version on their website at www.arptb.org/index.html. I encourage you all to read over these changes

and provide comments. The Board will be holding a meeting on July 8 at 9:30am at which time they will have a public hearing to hear comments. I will be attending that meeting and will gladly express any concerns for you, but I also encourage members who would like to be a part of the meeting to attend. The meeting will be at the AR PT Board office in Little Rock.

AR Medicaid released a Section I All Provider Manuals Update Effective June 1, 2010

Please note that there are some changes to the Medicaid 142.500 Conditions Related to Fraud and Abuse that you should be aware of.

Providers are obligated to screen all employees and contractors to determine if any of them are excluded from participation in Federal health care programs.

1. Providers can search the LEIE website by the US Health & Human Services Office of Inspector General which contains the names of any excluded individuals or entity. (<http://www.oig.hhs.gov/fraud/exclusions.asp>). The United States General Services Administration maintains a list of excluded providers at <https://www.epls.gov/>. Providers should search the website monthly to capture exclusions and reinstatements that have occurred since the last search.
2. Providers can find a Department of Human Services excluded list on the AR Department of Human Services website at <https://ardhs.sharepointsite.net/ExcludedProvidersList/Excluded%20Provider%20List.html>. This list contains the names of any excluded individuals or entities. The AR Department of Finance and Administration, Office of State Procurement, maintains a list of suspended or debarred vendors at: <http://www.dfa.arkansas.gov/offices/procurement/guidelines/Pages/suspendedDebarredVendors.aspx>.
3. If providers discover any exclusion information other than what is provided on the websites, providers should report that information to Provider Enrollment.
4. Providers should check the websites monthly to capture exclusions and reinstatements which may have occurred since the last search.

No Medicaid payments can be made for any times or services directed or prescribed by an excluded provider; or any other authorized person, when the individual entity furnishing the services knew or should have known of the exclusion. This prohibition applies even when the Medicaid payment itself is made to another provider, practitioner or supplier that is not excluded. (See 42 CFR section 1001.1901(b)). The following listing sets forth examples of types of services that are reimbursed by Medicaid which, when provided by excluded parties, are not reimbursed:

1. Nurses, technicians or other excluded individuals who work for a hospital, nursing home, home health agency or physician practice, where such services are related to administration duties, preparation of surgical trays or review of treatment plans if such services are reimbursed directly or indirectly by a Medicaid program, even if the individuals do not furnish direct medical care to Medicaid beneficiaries.
2. Services performed by excluded pharmacists or other excluded individuals who input prescription information for pharmacy billing or who are involved in any way in filling prescriptions for drugs reimbursed directly or indirectly by a Medicaid program.
3. Services performed by excluded ambulance drivers, dispatchers or other employee's patients or nursing home residents.
4. Services performed for program beneficiaries by excluded individuals who sell, deliver or refill orders for medical devices or equipment being reimbursed by a Medicaid program.
5. Services performed by excluded social workers who are employed by health care entities to provide services to Medicaid beneficiaries and whose services are reimbursed, directly or indirectly by a Medicaid program.
6. Services performed by an excluded administrator, billing agent, accountant, claims processor or utilization reviewer that are related to and reimbursed, directly or indirectly by a Medicaid program.
7. Items or services provided to a Medicaid beneficiary by an excluded individual who works for an entity that has a contractual agreement with, and is paid by, a Medicaid program.
8. Items or equipment sold by an excluded manufacturer or supplier, used in the care or treatment of beneficiaries and reimbursed, directly or indirectly by a Medicaid program.

Civil monetary penalties may be imposed against Medicaid providers who employ or enter into contracts with excluded individuals or entities to provide items or services to Medicaid beneficiaries. (See 1128A(a)(6) of the Act and 42 CFR section 1003.102(1)(2))



“Civil monetary penalties may be imposed against Medicaid providers who employ or enter into contracts with excluded individuals or entities”

Mark Your Calendars

Sept. 18, 2010

Rehab Net & ArPTA

Fall Meetings

Vestibular Rehab

Presented by

Susan L. Whitney, PT, DPT,
PhD, NCS, ATC, FAPTA

Be watching for more details
coming soon

Medicare Holding Claims Again

The Continuing Extension Act of 2010 extended the zero percent (0%) update to the 2010 Medicare Physician Fee Schedule (MPFS) through May 31, 2010. CMS believes Congress is working to avert the negative update scheduled to take effect June 1, 2010. To avoid disruption in the delivery of health care services to beneficiaries and payment of claims for physicians, non-physician practitioners, and other providers of services paid under the MPFS, CMS has instructed its contractors to hold claims containing services paid under the MPFS for the first 10 business days of June. This hold will only affect MPFS claims with dates of service June 1, 2010, and later.

This hold should have minimum impact on provider cash flow because, under the current law, clean electronic claims are not paid any sooner than 14 calendar days (29 for paper claims) after the date of receipt.

Be on the alert for more information about the 2010 Medicare Physician Fee Schedule Update.

AHA's Endorsement of the Wii



The American Heart Association has just endorsed the **Wii according to CNN**. Soon you will find the consoles stamped with the group's AHA heart logo, which indicates they find it a "healthy choice" option. While they still recommend traditional exercise as best,

the AHA acknowledges that non-traditional exercise is increasing in popularity, due in part to the growing popularity of Nintendo's console. To show their support for this initiative, Nintendo will donate \$1.5 million to **the AHA**.

While some in the health care community are supportive of the endorsement as a way to encourage physical activity among gamers, others are more critical. Some see it simply as a marketing ploy, while others say the evidence linking active gaming with an increase in physical activity is inconclusive.

This debate is not new to the physical therapy profession. Many [physical therapists have introduced the Wii](#) to patients and say they are seeing an increase in treatment program adherence, some encouraging outcomes, and a generally more upbeat mood in the clinic. Others are more skeptical and are awaiting the results of more conclusive research – currently being conducted – that will support the game's use in evidence-based practice.

For those of you who missed it, the ArPTA just held a great course on the use of the Wii in rehabilitation.

Student's and Medicare Reimbursement

It has long been a rule that services provided by Student Physical Therapists and Student Physical Therapist Assistants is not reimbursable under Medicare Part B. According to the American Physical Therapy Association (APTA), this includes both private practices and certified rehabilitation agencies.

Only the services of the therapist can be billed and paid under Medicare Part B. The services performed by a student are not reimbursed even if provided under "line of sight" supervision of the therapist; however, the presence of the student "in the room" does not make the service unbillable.

- The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.

- The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.

- The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B

payment is for the clinician's service, not for the student's services).

Medicare Part A will pay for student provided services in skilled nursing facility, hospitals and inpatient rehabilitation facilities. The minutes of student services count on the Minimum Data Set. However, Medicare requires that the professional therapist (the PT) provide line-of-sight supervision of PT student services. *Federal Register* (Volume 64, Number 213)

Documentation: APTA recommends that the physical therapist co-sign the note of the physical therapist student and state that the PT was providing line-of-sight supervision of the student and was involved in the patient's care.

REHAB NET



Lobbyist Corner

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Rehab Net Listservs

To join the office staff listserv send an email to:

RehabNetOffice-subscribe@yahoogroups.com

If you are a member of the listserv you can post a message by emailing it to

RehabNetOffice@yahoogroups.com

To join the Owners listserv send an email to:

RehabNetMgmt-subscribe@yahoogroups.com

If you are a member of the listserv you can post a message by emailing it to

RehabNetMgmt@yahoogroups.com

Starting in May, most information will be sent out via our listservs and this will be where you are directed to send questions when seeking advice from other office managers and other owners.

Election Roundup: Which one is good for us?

By Bradley Phillips

We only thought that the elections would be over last month. Apparently Uncle Sam has seen his shadow, giving us an additional 3 weeks of annoying commercials. The runoff elections are taking place on Tuesday, June 8th. Here is a breakdown of the candidates and my take on the Elections.

AR Senate: It appears that John Boozman will be the Republican nominee to face either Blanche Lincoln or Bill Halter in November. Lincoln and Halter have been engaged in a dogfight over the airwaves since Halter announced his intent to run against Lincoln. The Democratic Primary has garnered national attention. Recent polls have Halter slightly ahead, however, President Clinton is now in the State campaigning for Lincoln, which will impact numbers slightly. This race is too close to call however Senator Lincoln has been a huge supporter of Physical Therapists and I believe we should remember that during this tough battle.

AR Congressional 1: Former State Senator Tim Wooldridge and Marion Berry Chief of Staffer Chad Causey will square off for the Democratic nomination. Both candidates are well qualified. Wooldridge has served as a State Legislator for several years and most recently has worked as an advocate for the State's institutions of higher education. Causey has experience working for Congressman Berry, which may or may not be a plus in voter's eyes. I have prior experience working with Senator Wooldridge and have not yet had the opportunity to meet Mr. Causey. I prefer Senator Wooldridge based on the fact that I have worked with him previously and have found him to be honest, straight forward, and approachable.

AR Congressional 2: Next to the Senate Primaries this is probably the second most watched race in the State. All candidates have run an incredibly clean race and are to be commended for their professionalism. Tuesday's election has narrowed the field from 5 to 2 candidates. Senator Joyce Elliott received the most votes, coming in about 10 points ahead of Speaker of the House Robbie Wills. The number three candidate, former Snyder Chief of Staff David Boling, has endorsed Senator Elliott while the number four and five candidates have endorsed Robbie Wills. I cannot choose a candidate as both were supporters of Physical Therapists last session.

AR Congressional 3: The runoff has been dwindled down to State Senator Cecille Bledsoe and Rogers Mayor Steve Womack. I overwhelmingly recommend Senator Bledsoe based on her past experience with Physical Therapists. She has been a joy to work with and is extremely approachable. Almost all of the other candidates have endorsed Senator Bledsoe. This will be an extremely close race but I have to recommend Senator Bledsoe based on my past experiences in working with her. I have always found her to have an open door and believe that we will have great access to her office should we send her to Washington.

While it is important for us to vote our conscious, I also believe that it is important to reward those who have supported our industry by giving our vote, money, time, and a little space in our yards for a sign. If you are appreciative to these folks for helping our PT's, why not donate \$20 to a campaign, put a sign in your yard, volunteer to work a phone bank, or simply tell a friend to vote.