

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

July 3 Holiday
 July 13-17 Vacation
 July 21 CMSA Meeting
 July 30 Rehab Net Board
 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

Why Get A Specialty Certification?

Many of you may remember a few years back when the Arkansas Blue Cross Blue Shield was going to require all private practice physical and occupational therapists obtain a specialty certification to be in their network. Rehab Net and the Arkansas Physical Therapy Association went to bat for you and got this credentialing requirement removed because of the undo hardship this created and our belief that it was unfair to require this of just private practice therapists. However, have you ever wondered what the benefit of having a specialty certification is or how to obtain one?

There are 32 clinical certified physical therapist specialists in Arkansas certified by the American Board of Physical Therapy Specialties (ABPTS). Three of them our members of Rehab Net and all three are orthopedic specialists: Adam Carson, Nathan Tumilson and Nat Grubbs. Adam Carson owns Carson Physical Therapy in Bryant. Nathan Tumilson is one of the co-owners of Associates Physical Therapy and Pain Management in Little Rock. Nat Grubbs owns South Arkansas Rehabilitation in Monticello.

There is only one clinical certified occupational therapist in Arkansas certified by the American Occupational Therapy Association (AOTA). Her specialty is in Pediatrics. There are 27 certified hand therapists in Arkansas and Rehab Net is fortunate to have one among our group: Belinda Greer, OTR/L, CHT, who works for McMaster Physical Therapy in Conway.

The American Physical Therapy Association (APTA), a national professional organization representing more than 73,330 members throughout the United States, established the specialist certification program in 1978. Specialization is the process by which a physical therapist builds on a broad base of professional education and practice to develop a greater depth of knowledge and skills related to a particular area of practice. Clinical specialization in physical therapy responds to a specific area of patient need and requires knowledge, skill, and experience exceeding that of the physical therapist at entry to the profession and unique to the specialized area of practice. The specialist certification program was established to provide formal recognition for physical therapists with advanced clinical knowledge, experience, and skills in a special area of practice and to assist consumers and the health care community in identifying these physical therapists. I believe the same can be said of both the specialist certifications offered by the AOTA and Hand Therapy Certification Committee (HTCC). Both occupational therapists and physical therapists can obtain certification as a hand therapist through the HTCC, if they meet the qualifications.

July 31, 2009 is the deadline to apply to take any of the ABPTS certifications with the exception of the Cardiovascular & Pulmonary and Clinical Electrophysiology, which was due on July 1. You may or may not have enough time to get in this year but for additional information on application and requirements go to their website at www.apta.org. For the AOTA certifications the deadline is July 15, 2009 for this year so you would want to consider applying next year if interested. For more information see their website at www.aota.org. HTCC offers two test dates a year at Prometric Test Centers. The next date is in November if you are interested in this certification. For more information on HTCC's test see their website at www.htcc.org.

You may even wish to consult some of our certified members for advice if you wish to obtain your specialty certification on how to best prepare for it and what to expect. Rehab Net would love to know if you do get your certification or if anyone else has a specialty certification we failed to list.



CLINICS IN THE SPOTLIGHT



McMaster Physical
Therapy
3605 College Avenue
Conway, AR 72034
501-327-2235

McMaster Physical Therapy Clinic was founded by Letitia McMaster, PT, in 1999 and has grown to include three clinics in Conway, Greenbrier and Vilonia. Letitia recently sold her interest in the company to long time employees: Tasi Wyatt, Darren Beckham, and Debbie Davis.

The staff of McMaster Physical Therapy includes physical therapists, occupational therapists, and speech therapists. Their staff includes experienced staff with certifications/specializations in manual therapy, hand therapy, women's health, adaptive equipment, Pilates and aquatics. They also offer functional capacities evaluations, work conditioning, splinting, kinesio taping, fitness programs, personal training and lymph drainage therapy.

McMaster Physical Therapy's treatment population includes adolescents up to geriatrics.

Debbie Davis, PT, states, "The clinic was founded with the principle that every person who walked through the door would be greeted by a friendly face and receive "hands on" care with each visit. We try to provide each patient with a thorough assessment and holistic individualized approach to their treatment."

Debbie shared with us the story of Stephanie, a 27 year old woman who came to the clinic for rehab following a head-on collision with an 18 wheeler. Stephanie sustained multiple fractures to both lower extremities and right upper extremity, multiple lacerations and soft tissue damage. Stephanie has made great progress and utilizing all the services of McMaster Physical Therapy has to offer including PT/OT, aquatics and Pilates based rehab. She now ambulates independently with no assistive devices, teaches school full time and works out at the gym regularly in a "Spin" class. Stephanie states, "Without McMaster PT, I feel certain I would not have progressed to the point physically that I have today." She also stated the thing she likes best about McMaster PT is that she feels she is a member of the family and that everyone has strived to do the best they can for each individual patient.

Q & A with the American Speech-Language-Hearing Association

Q. I am unsure if a speech language therapist working in a private practice physical therapy clinic could legally provide speech therapy services to a Medicare patient. From reading your article in the Eli Rehab Report, I would assume if the clinic is a professional corporation they would not be eligible but any other corporation would be. Can you please clarify? Or if that is not possible, could a speech therapist work as an independent contractor at the clinic in a designated space and provide services that way? Becky Sewell

A. A speech-language pathologist can enroll as a private practice SLP under Medicare and bill for patients they see. Under Title 42 of the Code of Federal Regulations §410.62, a Medicare private practice SLP may provide services as one of the following:

- ◆ An unincorporated solo practice, partnership, or group practice, or a professional corporation
- ◆ An employee of a physician group
- ◆ An employee of a group that is not a professional corporation.

According to the regs, I would think you are correct, that if an SLP were an employee of a PT professional corporation, the SLP would not be able to provide services because that would violate the third bullet. However, I would think an SLP would be able to provide services as an independent contractor, and the SLP could reassign payment to the PC.

Kate Romanow, JD
Director of Health Care Regulatory Advocacy
ASHA
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Rockville, MD 20850-3289

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Letter From the Editor

Wow we had over 250 people out to Wild River Country this last weekend for our 5th Annual Fun and Game Day. Each year it grows even bigger than the year before. Thanks for coming out to enjoy the fun, the games, the BBQ, the social networking and the WATER!!!! The only down side was it was unseasonably hot for June.

I was told by a Rehab Net member this month that Hospital Equipment Engineering Services is no longer going to be providing biometric calibration services. If you were using their services, you may wish to talk to Arklamed (870-864-8896) or the Renfroe Company. (800-447-2492). Both of which were sponsors of our Annual Fun and Games Day.

-Becky

Rehab Net and the AR Physical Therapy Association

Presents

Terry Malone, PT, EdD, ATC, FAPTA and The Shoulder

Sept 12-13, 2009

Location: Hilton Garden Inn
 805 Amity Road
 Conway, AR 72032

Registration Information will be going out soon. You may opt to attend just Saturday or Saturday and Sunday. Sunday will be a lab to follow up on Saturday's lecture.

CEU's are preapproved for PTs, PTAs, and ATCs.

PAC Event and Reception

Mike's Place
 With Special Guest, Senator Gilbert Baker

Sept 12, 2009
 7:00pm to 9:00pm

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PRACTICE POINTERS: Try These Revenue-Boosting Wound Care Treatment Plan Tips
(reprinted from Eli Rehab Report 2009, Vol. 16, No. 7)

Dressing-change-only visits won't keep you afloat for long.

Feel like you're doing everything right, yet barely breaking even in your wound care program? Here's why: Your treatment plans may not be tapping all the revenue they can. With little or no reimbursement for many of today's typical wound care interventions, you need to think outside of the box for viable interventions that do pull money.

Example: "I always put my venous leg ulcer patients on a therapeutic exercise program," recalls **Pam Unger, PT, CWS**, president of the clinical electrophysiology and wound management section of the American Physical Therapy Association. As you may know, therapeutic exercise is reimbursable by Medicare and most private payers.

Other reimbursable codes include:

- ◆ PT/OT evals and re-evals (97001-97004)
- ◆ Electrical stimulation (unattended) (97014) -- you can bill this for one or more areas for chronic Stage III or Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care
- ◆ Self-care/home management training (97535) -- however, if you're billing 97597 or 97598, instructions for ongoing care are included in the

reimbursement for those codes and should not be billed under 97535

- ◆ Burn treatment codes (16020-16030) -- but tread carefully; these are typically not covered under a PT or OT plan of care.
- ◆ Unna boots (29580) -- check your payer policy very carefully; some only allow reimbursement for fractures, sprains, and strains, Unger says.
- ◆ You may be tempted to bill the patient education code (98960), but realize this is neither reimbursed by Medicare nor most third party payers.

Watch out: You should not care plan and bill for treatment interventions your patients don't need, and you should be careful not to overbill a code just because it's reimbursable, Unger says. This will only cause denials and possibly worse.

But don't be afraid to consider a wide range of options. Remember, a patient that just comes in for a dressing change will bring you no reimbursement.

"I didn't necessarily exercise patients every time they were in for a visit, but periodically I was doing a review of the exercise program, patient education, etc. -- something that kept the revenue flowing," Unger says.

Best bet: "Use a treatment algorithm that both produces good outcomes and generates revenue," Unger recommends.



McMaster Physical Therapy Is Hosting

**Pilates!! More Than Exercise
Clinical Application of The Pilates Mat Repertoire**

Sept 26-27, 2009

Location: McMaster Physical Therapy Clinic
3605 College Avenue
Conway, AR 72034

Contact: Debbie Davis or Tasi Wyatt (501)327-2235

Tuition: \$450.00 (\$375.00 for Rehab Net members)

CEU Credits are Pending

Low Cost Marketing Ideas for Your Private Practice

In a busy world where it's difficult to get the attention of potential patients and referrals, many physical therapists are looking to new ways to reach their local communities.

Remember, marketing begins at home. A successful practice should make it as easy as possible for new patients to access its services. A friendly receptionist answering the phone, the appearance of your phone number on the header of every single page of your Web site, and the distribution of a regular patient newsletter are all ways to encourage your patients to communicate with you and schedule the initial appointment. Meanwhile, a multi-pronged marketing effort also should involve referral sources.

When marketing to physicians, you must master the art of introductions and follow-ups. Start with an introductory letter or "walk the letter in." Make sure you are speaking to the right person. The physician is often behind several gatekeepers. The office manager is always a good person to make the initial contact with.

The letter is the trigger that allows you to initiate contact to establish a relationship. Even if the

letter is never read, it allows you the courtesy of a polite follow-up.

The goal is to set up a time and date at the end of this introduction. If you accomplish this task, you are no longer an uninvited stranger but a potential partner.

A great way to consolidate the follow up is to send a handwritten thank you card to the office manager saying "It was a pleasure meeting you and I look forward to speaking with you on (date and time)."

Beyond individuals, community and business groups are good targets. Join your local Chamber of Commerce or other business groups. Schedule a meeting with the leader of the chamber and offer to contribute articles and participate in chamber events.

Provide "lunch and learn" events once or twice a week for local businesses with 30 or more employees. Offer to conduct a targeted program—such as low back pain seminar or "how to exercise with diabetes" program for the chapter. The chamber will promote your event to all businesses in the area. You can even ask for a mailing list with email addresses for local businesses and send out an

email campaign or regular mail campaign. Another activity that works well is to volunteer to be an 'ambassador' for your chapter. That would allow you to welcome new businesses into the chapter by visiting them and providing information kits.

The internet has made it easy to meet with and interact with local businesses and community leaders. Start a physical therapy blog with your practice name. Link it to your Web site and provide valuable, consistent contact for patients and visitors. You can use the blog as an online diary of your daily activities or a collection of tips and other material. Keep your entries short and post two to three times a week with useful information to keep your patients coming back to your blog for information on general health, physical therapy, and injury prevention.

Don't just write your own blog but comment on other health related blogs and link back to your own blog.

Blogger.com is one of several Web sites out there that can help you create a blog for free. To learn more about blogging go to http://en.wikipedia.org/wiki/Weblog_software.

APTA Marketing Resources

APTA offers a wide range of resources to its members to assist in their communications and marketing efforts. Among them:

APTA's consumer Web site, www.moveforwardpt.com, provides consumers with information on how a PT can help them. Link to it from your blog of website.

APTA's consumer web site also contains flyers that can be included in newsletters or distributed to consumer groups. Topics include "Avoiding ACL Injuries," "Tips for New Moms," "Injury-free Golf," and "Banish Backpack-Induced Pain."

Additional brochures and flyers are available by going to www.apta.org. Click "Tools and Resources," click "Public Relations," then click "Brochures and PT Tips."

Sign up for APTA's "Find a PT" service. Log in. Then select "Find a PT." Then select "Members: Sign Up." This will expose your services to anyone who searches for a PT meeting the criteria you and they select.

Order "You Can Be Me: A Career in Physical Therapy." This 11 minute DVD features PTs and PTAs in various practice settings and can be used when speaking with high school students or to showcase the benefits of treatment at community events.

REHAB NET



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New York Physical Therapy Association Takes a Stand Against High Co-Pays

In May, the New York Physical Therapy Association took hundred's of members, advocates, and patients to Albany to meet with their state legislators in an effort to end the unfair practice of so-called "specialty" co-pays, which are costing patients in dollars and foregone treatment and physical therapists in lost patients and jobs, leaving New York State with a more costly and less effective health care system.

Managed care companies continue to restrict access to physical therapy services by imposing "specialty" co-payments of \$40 or more per visit, when the insurance benefit that the patient pays for is the same or only a few dollars above that amount.

Managed care health insurers have designated physical therapists as specialists for co-payment purposes, allowing health plans to charge patients more per visit while maintaining reimbursement levels to physical therapists, thus shifting more of the cost burden onto the backs of consumers. Here in Arkansas we are seeing the same thing happening.

These specialty co-pays add up as physical therapy frequently requires multiple visits over an extended period of time. Health plans call these co-pays but the NYPTA calls them unfair.

Senator Breslin (NY-D) sponsored S.4321 and Assemblyman Cahill (NY-D) sponsored A.8171 to end the imposition of additional co-pays on New Yorkers for physical therapy services on the basis of provider settings.

In Arkansas, we have seen where physical therapy services provided in a private physical therapy clinic is charged a "specialty" co-pay while therapy provided in a hospital or rehab agency is charged a regular co-pay. Especially guilty of this is the so called Medicare Advantage programs and United Healthcare of Arkansas. It is especially unfair to our elderly population who do not understand that physical therapy may be considered a specialty when they opt for these Medicare Advantage programs that cost them little or no money.

We will be watching to see whether New York is able to effectively change this law for their state and if so we may wish to follow suit. At present, the status of these two bills shows that they were referred to the Committee on Insurance back in late April and no further action has been taken.

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