

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

Aug 5– 7 Vacation

Aug 18 CMSA Mtg

Aug 20 ASPTB Mtg

Aug 27 Chiro Hearing

Important Numbers

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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>

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3 Ways to Boost Your Wound Care Reimbursement

(reprinted from Eli Rehab Report Vol. 16, No. 7, July 1, 2009, pages 51-52)

Is your wound care program more of a liability than an asset? If so, you're not alone, but you can turn this trend around with these money-savings tips.

1. Go All- Or Nothing

If you are going to have a good wound care program, you can't afford to run it as an afterthought. "There's no middle ground," says Kelly Judd, OTR, president of Judd Rehab Consulting in Minneapolis.

This means doing your homework to see if a wound care program is feasible in your practice or facility. Look into equipment you'd need to purchase, what's reimbursable and what isn't, the demand for wound care, etc. Also check out your state practice act—are PT and OT interventions limited in any way? If you already have a program, it's not a bad idea to re-evaluate the viability of it with these questions.

Once you've invested in a solid program or if you're already working within one, the next step to success is hiring a talented, enthusiastic team of therapists. "There are a lot of people out there trying to do wound care that don't know what they're doing," Judd observes. And that can lead to poor outcomes and money out of your pocket.

Key: Hire therapists who are wound care specialists and exhibit a strong degree of enthusiasm on the subject. At a minimum, wound care therapists should have annual clinical training, Judd says. This keeps everyone on top of the latest treatment methods and technology. For example, whirlpool may ring a bell as a traditional wound care modality, but this isn't used much anymore, Judd says.

2. Get Your Documentation in Gear

Knowing how to evaluate and document properly is also important. And this means more than just following Medicare's therapy documentation rules.

Medicare does not pay for non-selective debridement (CPT code 97602), so if you're doing selective debridement (CPT code 97597 or 97598), which is reimbursed, you have to make sure you're getting every dollar you deserve.

The following is a list of documentation essentials therapists should include to support medical necessity for selective debridement, provided by Kate Brewer, PT, MBA, GCS, vice president of Greenfield Rehabilitation Agency, Inc. in Greensfield, WI:

- ◆ Type of Wound
- ◆ Amount of devitalized tissue present
- ◆ Objective measurement and sizing of wound including depth, characteristics, pictures (if possible), tunneling, etc.
- ◆ Description of measureable changes in the wound including drainage, inflammation, swelling, pain, wound dimensions (diameter, depth), necrotic tissue/slough.

The therapists should document objective information and progress. "Treatment ledgers and data forms that easily indicate progression are very useful," says Pam Unger, PT, CWS, president of the clinical electrophysiology and wound management section of the APTA.

Cont'd on Page 5—Wound Care Reimbursement



CLINICS IN THE SPOTLIGHT



Innovative Spine Rehab
301 S. Bowman, Suite
230
Little Rock, AR 72211
(501) 221-6009

WLRPT, Inc. dba Innovative Spine Rehab is owned by Darby Brighton, PT. Innovative Spine Rehab just relocated to 301 S. Bowman which is not far from its original location.

Innovative Spine Rehab serves all populations for musculoskeletal conditions. Among the services they offer is FCEs, work hardening, manual therapy, cold laser therapy, fitness programs, ART, McKenzie, strain/counter-strain, MedX and vibration therapy.

Darby tells us that, "We try to offer the most complete care for the spine and other musculoskeletal conditions, but we feel therapy should be an experience not just treatment. We want our patients to enjoy therapy not just endure it."

Darby tells us he has a great staff that knows their job is to help their patients in every way possible. "Our people is what truly separates us from everyone else."

Darby states that having a good relationship with pain medicine doctors has meant he sees difficult degenerative conditions everyday. He further says it is a great feeling to help people who have had pain for many years.

Darby is proud of his crew and states, "You will not find any clinic more dedicated to getting people better than we are. We try to approach everyday with a true servant attitude."



King's River PT
605 Eureka Avenue
Berryville, AR 72616
(870) 423-3316

Wade Hill, PT, is the owner of Kings River Physical Therapy clinic in Berryville. The clinic first opened in 2004. Working along side Wade is Bryan O'Dell, PTA. Wade and Bryan treat sports injuries and orthopedic surgeries to chronic neck and back pain.

Prior to opening his own outpatient physical therapy clinic, Wade was the director of rehabilitation services at St. John's Hospital in Berryville and before that he was at Carroll Regional Medical Center in Berryville. He received his Masters in Physical Therapy at the University of Central Arkansas, much like many of our members.

Wade and Bryan first worked together at St. John's Hospital in Berryville. Wade asked him to come work with him again when he got his private practice up and running. Bryan has been with him ever since.

Wade and Bryan are very flexible with their scheduling to accommodate work and school needs. They try to put their patients first in all things.

2010 Changes in Dues

The Rehab Net Board of Directors recently met and discussed that membership dues have not increased in 10 years. They feel that it is time to update the dues structure and the membership dues will be increased by 10% starting January 2010 making them \$165. The Board of Directors request that you provide any feedback to the proposed increase prior to their next Board meeting, which is scheduled for September 24, 2009. Rehab Net has for the first time in a decade had to spend money out of the organization's reserve funds and is attempting to balance its spending. We are also looking at other revenue sources that may eventually allow us to once again reduce the fees.



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Letter From the Editor

Courtney Duvall, owner of Professional Medical Billing in Russellville, has agreed to come share some tips with office managers on how to select a billing company, what to look for when selecting billing software and billing tips. Bring your billing questions and Courtney will try to help you at our August 11th Office Manager's Meeting at Cozymel's in Little Rock. Be sure to RSVP that you are coming.

Oh and don't forget to get registered for the Fall Shoulder Course on Sept. 12-13. We have limited seating.

-Becky

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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

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

You should have already received registration information on the course and PAC Event but if you did not receive it and/or need more info call Becky at 866-548-6003.

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90-Day Certification Period

A person on the PT Yahoo Listserv asked whether people were still doing 30 day recertification or going with the 90 day re-certifications allowed now by Medicare. Below was an excellent response from Rick Gawenda, PT, that I thought I would share with you all.

Why still do 30 day re-certifications when you can now have an initial certification for the duration of the plan of care established by the therapist and signed and dated by the physician or 90 days from the start of care? Why create extra work for yourself, clerical staff, the physician, and the physicians staff? For example, if you think the patient is going to need therapy at 2 times per week for a total of 16 treatment sessions, develop the plan of care as 2x's/wk/8 wks or 2x's/wk/16 treatment sessions. Once signed by the physician, the certification is valid for 16 treatment sessions. You still have to do the Progress Report every 10 visits or 30 days, but does not need to be sent to the physician and does not need to be signed and dated by the physician as a re-cert since your initial cert is still valid. As we try and have these CMS restrictions removed or lessened from us, why don't we progress and take advantage of them?

Keep in mind that for rehab agencies, for survey purposes, re-certs are still required every 30 day and for CORF's, every 60 days.

Rick Gawenda, PT
President—Section on Health Policy & Administration
APTA

President/CEO
Gawenda Seminars
www.gawendaseminars.com
661.645.1490

Trailblazers to be New Medicare Intermediary for Arkansas

According to an article on www.arkansasbusiness.com, Pinnacle Business Solutions lost the \$134M contract for Medicare. Instead the 5 year contract will be awarded to TrailBlazers, a Texas firm. Pinnacle has provided support for CMS since the inception of the Medicare program in 1966, according to their company's website.

You may recall that Pinnacle was initially awarded the contract and it was appealed by TrailBlazer Health Enterprises LLC in July 2008 to the Government Accountability Office (GAO). GAO recently ruled in favor of TrailBlazer and the CMS then awarded them the contract instead of Pinnacle. Pinnacle reports this decision will impact 320 Arkansas jobs.

The APTA advises that physical therapists in Jurisdiction 7 (AR, LA & MS) begin familiarizing themselves with TrailBlazers coverage decisions and other policies as the transition moves forward. While their website (www.trailblazerhealth.com) does not have local coverage determination policies for their new states yet, it might be advisable to look at what they have for Jurisdiction 4 which includes our neighboring states of TX and OK. Trailblazers also claims on their website that they have been providing Medicare services since the inception of Medicare in 1966.

Trailblazers website states that the transition will begin immediately. We will all pray that this is a smooth transition and will be watching for updates on the transition process.

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Cont'd from Page 1—**Wound Care Reimbursement**

3. Watch for These Money Hogs

With private payer and Medicare reimbursement as limited as it is for wound care, you can't afford to let things outside of strict payer policy rob your coffers. For instance, watch your waste in dressing and supplies—they're expensive and add up quickly.

Example: "A therapist may pick up a handful of gauze to wipe a wound, but you only need one," Unger says.

Another revenue culprit is low productivity because wound care visits can take a long time. So schedule wisely, and pay attention to efficiency.

Finally, small things can add up when it comes to coding and billing. So get a leg up on your payer policies—they can vary and change more than you think.

Watch for: If you're not aware of a certain CCI edit (wound care codes do have them), you're leaving money on the table if you could have used a modifier 59 (Distinct procedural service) to unbundle two codes, Unger says. Another easy coding mistake that can cost you is improper diagnosis. "Most of the wound care diagnoses are on the therapy cap exceptions list, but you've got to diagnosis properly— 'wound on the left leg' does not cut it," Unger says. And then you're stuck adding to a Medicare patient's therapy cap.

Revenue-Boosting Wound Care Treatment Plan Tips
(reprinted from Eli Rehab Report Vol. 16, No. 7, July 1, 2009, pages 52)

⇒ **Dressing-change-only visits won't keep you afloat 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 APTA. 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)
- ◆ Electric stimulation (unattended) (97014) - you can bill this for one or more areas for chronic State III or State IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measureable 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.



REHAB NET



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Health Care Reform: 2009 A Physical Therapy Perspective

The American Physical Therapy Association (APTA) strongly supports efforts to reform the United States health care system to improve coverage, access, and patient care and reduce unnecessary costs. APTA is ready to work with the US Congress and President Obama's Administration to meet this policy challenge.

APTA supports the following policy provisions for health care reform:

- ◆ Enact systematic health care reform guaranteeing access to affordable health care for all individuals from the health care provider of their choice.
- ◆ Ensure that rehabilitation services are an essential element of a standard benefits package in any proposal to reform the insurance delivery system and provided by licensed health care professionals. Rehabilitation is a critical part of the health care continuum and ensures that individuals can return to the highest function as possible in their homes and communities.
- ◆ Eliminate existing payment policies that impede patient access to cost-effective outpatient rehabilitation services provided by physical therapists—before authorizing new policies.
 - ◆ Permanently repeal the Sustainable Growth Rate (SGR) conversion factor formula in Medicare physician fee schedule and replace with inflationary indices to accurately reflect costs in delivering health care services;
 - ◆ Permanently repeal arbitrary outpatient physical therapy caps on services; and
 - ◆ Eliminate the unnecessary referral requirement or certification of the plan of care for patients to access outpatient physical therapy services. This barrier to patient access delays care and adds additional costs for patients and the health care system.
- ◆ Ensure that rehabilitation services are enhanced under payment reform strategies, and that a distinct outpatient physical therapy benefit is available to all.
- ◆ Enhance initiatives to develop a national strategy that will ensure that an adequate health care workforce exists to meet the needs of patients. In addition, enable physical therapists to fully participate in current initiatives, such as the National Health Services Corp, which provides workforce incentives to recruit and retain qualified health care professionals in underserved areas.
- ◆ Include policies to reduce regulatory burdens on physical therapists in order to help them be more efficient and effective in delivering health care to their patients at the right time and place.
- ◆ Include prevention and chronic care management programs and services to reduce care costs or to manage those costs in an efficient and effective fashion.
- ◆ Expand health information technology incentives to all health care professionals to ensure greater efficiency and enhanced collaboration between all members of the health care team.

For more information, please contact Kelly Lavin, Director, Federal Government Affairs, American Physical Therapy Association at advocacy@apta.org or 703-706-3156.