

# 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

Sept. 7 Labor Day  
 Sept. 12-13 Fall Meeting  
 Sept. 12 PAC Reception  
 Sept. 14 Comp Day  
 Sept. 18 Comp Day  
 Sept. 15 ASBCE Hearing  
 Sept. 24 Rehab Net Board Mtg

## Important Numbers

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 (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  
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 For member only section

## APTA CALLS FOR PROHIBITION OF UNQUALIFIED PHYSICAL THERAPY SERVICES

The [American Physical Therapy Association](#) (APTA) is calling on the [Centers for Medicare and Medicaid Services](#) (CMS) and Congress to act to prevent unqualified personnel from providing physical therapy services following the release of a federal report on physician "incident to" services (services that are billed by physicians but are performed by nonphysicians) billed in 2007 under the Medicare program.

The report, released by the Office of Inspector General (OIG) of the US Department of Health and Human Services, found that when Medicare allowed physicians more than 24 hours of services in a day, half of the services were not performed personally by a physician.<sup>1</sup> It also found that unqualified nonphysicians performed 21% of the services that physicians did not perform personally. Additionally, 49% of rehabilitation therapy services (including primarily therapeutic exercise, massage therapy, ultrasound therapy, therapeutic activities, and electrical stimulation) performed by nonphysicians were furnished by staff not trained as therapists and who the OIG found to be unqualified.

Medicare rules require that physical therapy services provided "incident to" the professional services of a physician be furnished by a graduate of a professional physical therapist program, or a nurse practitioner, clinical nurse specialist, or physician assistant if allowed by state law. Medicare is authorized to only pay for services provided by individuals trained specifically in physical therapy.

"APTA is alarmed by these findings," said APTA President R. Scott Ward, PT, PhD, in a statement. "To ensure high quality care, physical therapy services should be furnished by licensed physical therapists and physical therapist assistants under the direction and supervision of a physical therapist. APTA urges Congress to take action to remove physical therapy as an 'incident to' service in physician offices and to tighten Stark II referral-for-profit regulations to eliminate financial incentives that contribute to high physician billing of physical therapy services."

In the report's executive summary, the OIG says, "Services performed by unqualified nonphysicians represent a risk to Medicare beneficiaries. . . We are concerned about the potential scale of this problem."

OIG recommends that physicians only bill for services provided by nonphysicians who have the necessary training, certification, and/or licensure pursuant to state laws and Medicare regulations, and that claim forms reflect that physicians are billing for services only provided by nonphysicians with the appropriate qualifications. It also recommends that CMS take appropriate action to address claims for "rehabilitation therapy services performed by nonphysicians who did not have the training of a therapist." APTA strongly supports these recommendations to ensure that Medicare beneficiaries only receive physical therapy services from licensed physical therapists.

The sample for the report included only those physicians who billed for more than 24 hours of services in a day. "However, we have no reason to believe that the issues identified in this review are unique to these physicians," said the OIG.

1. US Department of Health and Human Services. Prevalence and qualifications of non-physicians who perform non physician services. <http://oig.hhs.gov/oei/reports/oei-09-06-00430.pdf>. Published August 2009. Accessed August 10, 2009.

[Source: [American Physical Therapy Association](#)]



## CLINICS IN THE SPOTLIGHT



Jacksonville Physical  
Therapy  
208 John Harden Drive  
Jacksonville, AR 72076  
(501) 982-9511

Harry Morton, PT, has owned Jacksonville Physical Therapy since 1997 and is the one and only physical therapist in the clinic. Harry has a great staff that has been with him for several years. While Harry manages the clinic side of the practice, his wife, Gayle, helps run the business side of the practice.

Harry describes his practice as specializing in vestibular/balance along with orthopedic and manual physical therapy. Harry also provides Functional Capacity Evaluations when needed.

Prior to Rehabilitation Network of Arkansas merging with Arkansas Preferred Therapy Providers in 1999, Harry was the president of Rehab Net. It was greatly in part to his work that the two groups merged to make Rehab Net the one and only private practice network of therapists in Arkansas. Harry continues to be an active member in Rehab Net.

Harry graduated from the University of Central Arkansas in 1985 and has worked in physical therapy for over 20 years. He began his career as a hospital staff physical therapist at Union Medical Center, but he shortly left and went to work for a private practice. He later bought the clinic he was working for from his employer and ventured into the world of private practice for himself.



Harrison Physical Therapy  
1420 Hwy 62 65 N, Ste A  
Harrison, AR 72601  
(870) 743-4438

Ted Borchers, OTR/L, and Shan Borchers, PT, own Harrison Physical Therapy. Besides general physical and occupational therapy services, they offer Functional Capacity Evaluations, work hardening, splinting, manual therapy and fitness programs. When appropriate and requested by the physician or patient, Shan teaches Tai Chi for arthritis, diabetes and health. Tai Chi is gentle exercise to help improve posture, balance, breathing, relaxation, flexibility, range of motion, strengthening, and coordination.

Harrison Physical Therapy serves youths, adults and senior citizens with an emphasis on orthopedic injuries, women's health, and custom splinting. They are also a certified clinical site for Cincinnati Sports Medicine research and education foundation, providing training, conditioning, screening for athletes, which is sports-specific.

With a small clinic setting their staff is able to devote one on one attention to each and every patient. Due to this individualized attention many of their patients or their friends and family return to the clinic for their care.

Ted and Shan have over 20 years experience in therapy each. Ted focuses his continuing education on current research and new treatments in shoulder, elbow, wrist and digit pathologies while Shan focuses on orthopedics and sports injuries, wellness and injury prevention. Ted states, "having my own practice provides the opportunity to spend more time with my patients and individualize treatment plans for them."

Jennifer Usrey, MSPT, assist them at the clinic. She has over 12 years experience specializing in orthopedics/sports and women's health.

Penny Case is the office manager. She has been with the clinic for over 4 years and has been an important part in keeping the billing and office running smoothly. Elisabeth Case and Kristy Thomas take care of the front office/reception area.

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**Letter From the Editor**

With the US Legislators working hard on the matters of health care reform, we need to remind them the importance of passing legislation regarding either abolishing the therapy cap or extending the exception process. We also need to let them know that healthcare providers can not survive if they allow the planned 21.5% cut in the physician fee schedule.

We are looking forward to a great joint course with the ArPTA and a good time at Mike's Place in Conway for our Fall PAC Reception/Fund Raiser on Sept. 12.

**Rehab Net and the AR Physical Therapy Association**

-Becky

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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**ISOKINETICS, INC.**  
**HOME GROWN REHABILITATION EQUIPMENT COMPANY**  
**MAKES THE INC 5000 FOR THE THIRD YEAR IN A ROW**

By Mike Salem

Isokinetics, Inc. is pleased to announce that we have expanded our warehouse in Hot Springs again to better serve our growing list of customers. With the new addition, we now have over 15,000 square feet of warehouse space.



In 2009, we joined the National Medical Alliance (NMA), a group of over 25 independent dealers around the country that have joined together to pool their buying power. With this association, we are able to compete with the national companies, such as Sammons Preston, to offer our customers lower prices and a broader range of products.

We now have big dog buying power, but still

offer you little dog attention.



We offer the brands you have grown to trust over the years, at a competitive price. We would like to thank all the members of Rehab Net for their help in our growth.



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## Tune In to Medicare Therapy Cap, Reimbursement Hot Spots Around the Corner

(reprinted from Eli's Rehab Report, Vol. 16, No. 9, Pages 65-66)



It's that time again. Time to see what the Feds have proposed for your outpatient Medicare reimbursement next year.

The Centers for Medicare & Medicaid Services published its proposed Physician Fee Schedule in the July 13 Federal Register, and depending on what Congress decides, your Medicare reimbursement could either rise or plummet.

### Therapy Cap, Conversion Déjà Vu

Two key battles keep popping up for your Medicare claims: therapy cap exceptions expiring and cuts to the physician fee schedule conversion factor. Just like previous years, the proposed 2010 Medicare PFS seeks to cut providers' pay to stay budget neutral. But this year, the physician pay cut is higher than ever at 21.5 percent. "This is due to the flawed sustainable growth rate (SGR) portion of the formula used to calculate the conversion factor for payments under the fee schedule," according to the American Physical Therapy Association's (APTA) *PT Bulletin Online*.

**Bottom line:** Unless Congress steps in (as it has in the past years at the last minute), the 21.5 percent cut will take effect Jan. 1, 2010. Likewise, therapy cap exceptions will expire on this date without an act of Congress. Interestingly, the proposed Medicare fee schedule does not mention a new therapy cap amount, points out Sharmila Sandhu, Esq., regulatory counsel for the American Occupational Therapy Association (AOTA). "But presumptively the therapy cap will remain in place in 2010 and will be increased by an economic index metric."

Keep an eye on the Final Rule later this year for an exact dollar amount.

Meanwhile, you can advocate for Congress to take action on the exceptions process and conversion factor. "We encourage therapists to write their legislators to support changes," says Judy Thomas, senior policy manager for AOTA.

**Don't miss:** Another important benefit set to expire without Congressional action is the geographic practice cost index floors that keep the GPCI from falling below a value of 1. "If Congress doesn't renew the expiring GPCI floors," says Gayle Lee, JD, director of federal payment policy and advocacy for APTA.

### It's Not All Bad News

Despite the same old story about therapy caps and a conversion factor cut, the proposed rule contains some positive items that could mean more money for rehab providers (if Congress can prevent the 21.5 percent cut from taking effect.)

**For one:** CMS proposed removing physician-administered drugs from this year's fee schedule calculations. And if those high-dollar drugs are no longer a part of the SGR calculations, by 2014, providers could actually see a positive conversion factor, Lee says.

**Plus:** The practice expense relative value unit is set to increase for therapists. CMS used new survey data that included non-physician specialties to calculate the practice expense RVU, whereas before, CMS used data that only accounted for physician practice expenses, Lee explains.

"We don't know for sure what's going to happen to the rate because we're waiting on Congress to decide if it's going to do something about the SGR," Thomas says. "But it's good to see that CMS is including more current data and that non-physicians are included."

**Cross your fingers:** If Congress does take action on the conversion factor, the proposed practice expense RVU adjustments would mean a 10% aggregate payment increase for PTs and OTs, Lee says.

### PQRI, Cardiac Rehab Issues Still in the Works

The proposed rule also indicates that the Physician Quality Reporting Initiative will continue into 2010. CMS proposes that the bonus payment remain at 2%, but after 2010, Congress will need to authorize a bonus, Lee points out.

PQRI will be available only to therapists in private practice, as in past years. "We're pleased we're still able to participate, but we'll be asking CMS to consider expanding that program to other therapists paid under Part B," Sandhu says. "There are new mechanisms for reporting claims data that involve registry-based reporting and electronic health records reporting, but it doesn't look like we can report an OT [or PT] measure though EHR [yet]."

As for quality measures, CMS hasn't proposed changes to last year's measures. APTA is in conversation with CMS on adding a back pain measure for PTs, but that's still in the works, Lee says.

**Stay tuned:** CMS also addressed implementing new guidelines on cardiac, intense cardiac, and pulmonary rehab in the proposed rule—and APTA and AOTA are following the issue closely since PTs and OTs may be involved.

# REHAB NET



## Lobbyist Corner

Bradley Phillips  
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## Red Flag Rules Update

You may get off the hook for Red Flag Rules. Many of you have already instituted Red Flag Rules in your clinics and there is absolutely nothing wrong with that as protecting your patients and your staff is very important.

The Federal Trade Commission has put off instituting the Red Flag Rules in healthcare settings a couple of times already, but now Rep. John Adler (D-NJ) introduced H.R. 2345 into Congress, which would exempt health care practices with fewer than 20 employees from the FTC's Red Flag Rules, according to the July 17 editing of PT Bulletin Online.

The bill was sent to the House Committee on Financial Services back in May and has 35 co-sponsors so far.

The American Physical Therapy Association has submitted a letter in support of Bill H.R. 2345.

Even if they legislation passes and you are let off the hook, it never hurts to have sort of protocol for preventing and dealing with identity theft in your practice.



## Rest In Peach Senator Edward "Ted" Kennedy

## 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.

