

February 2006

## The President's Column

Joshua D. Brooks, PT, MPT

President, NHAPTA

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Volunteers are needed,  
and appreciated.  
call 497-8989  
for information

This is a new era, a new beginning of change. This is the first NH Chapter President writing to you who graduated from a New Hampshire program. The first that has not had to practice in a technician environment, without direct access. First I will say I have lived in NH for 27 years of my 31 years. I enlisted in the Army Reserve when I was 17 attending Fort Dix NJ basic between 11<sup>th</sup> and 12 grade and spent the summer of 1993 learning about MOS pharmacy technician (91Q20) in San Antonio Texas. I am now a commissioned officer as a Physical Therapist (65B) in a NH based unit. Starting Physical Therapy school at Notre Dame College before there was technically a program, I saw that a vision could become a reality. There are now many reaping the rewards of the work of a few. I graduated in 2000 with my Masters degree in Physical Therapy and have been practicing at Lakes Region General Hospital since June of that year. I practice Physical Therapy in a primarily outpatient orthopedic land and aquatic setting with a extremely wide variety of patient dysfunctions ranging from 2 months to 97 years old, patients with any given musculoskeletal disorder, TBI, B/AKA, SCI, wounds and the list goes on. My point is I have many interests and hope these experiences will better equip me to work on behalf of all those who we have practicing in our state. NH is where I have called home and Physical Therapy is the only profession I call my own.

This presidency on a couple of somber notes. First, the passing of Florence Kendall has sent shock waves throughout the profession as the final chapter ends of another legend. She set the standard and it is incredible what she accomplished in her dedicated 70 years to the profession. I wonder if she knew all that she would do while putting together the text that would become foundational to all of us. Second, the reinstatement of the Medicare therapy cap has left us bewildered and with many questions to how will our patients will get the rehabilitation care they deserve with such an unfair restriction. Both of these events must bring resolve among our membership and colleagues to be the therapist we want and need to be, and advocate for those that cannot for them selves. It is a changing of the guard so to speak. We must be the change. I ask all of you to look today at your "Kendall" and ask yourself silently, "Am I being all that I could be?" "Have I committed myself, my whole self to this profession?" I know Florence did. I know all of you can be the active change we as a profession need.

August Newsletter

Deadline July 14th



As I began this presidency, I needed first to focus my efforts and decided to set three basic themes to how I want to act and how I would ask our board to act to compliment our strategic planning efforts. These themes are: professionally positive, fiscally responsible, and connected. I do not have the space in this message to go into great detail about these themes but I think they speak for themselves. Next, attending Combined Sections Meeting (CSM) in San Diego I see nationally there are very real issues facing our profession. Some of these issues are: referral for profit (i.e. physicians owning and profiting from our profession) which erodes at the public trust and returns us to a technician role, infringement by other professions (i.e. massage therapists, athletic trainers, chiropractors) which carves away at our lively hood, Direct Access a tenant of vision 2020, outpatient physical therapy standards (incident to), mobilization issues

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**SCHEDULE**

February	Legislative Bulletin / Calendar of Events
August	Reports: Caucus; National HoD; Legislative
December	Election Results; Annual Meeting

## Physical Therapist Assistant Recognition of Advanced Proficiency

Rebecca Brown, PTA

In 2003 the House of Delegates of the APTA passed a motion recognizing PTA proficiency in four areas; cardiovascular/pulmonary, musculoskeletal, neuromuscular and integumentary. To undergo the voluntary process, certain eligibility requirements must be met. These include; at least five years of work experience (at least 2,000 hours) and 500 hours in the specified area of proficiency. Sixty hours of continuing education in physical therapy over the past 5 years, 45 hours of which are in the area of proficiency. Documentation of satisfactory job performance and utilization of the PT/PTA relationship, evidence of involvement in three activities demonstration leadership, two of which must be physical therapy related.

Once a PTA is eligible, he/she may apply for recognition. PTAs are not required to attain the advanced recognition, nor are they restricted to only the area they received proficiency in. PTAs can also apply for more than one area of recognition if they meet the criteria. The advanced recognition was designed to give PTAs external acknowledgement from the APTA, develop career advancement opportunities, and assist with lifelong learning. Once a PTAs application has been approved, applicants will receive a wall size certificate, a lapel pin and recognition in PT magazine, The Voice, and at the APTA annual conference. Once recognition has been received, it lasts for five years.

To apply or find out more information, visit [www.APTA.org](http://www.APTA.org). Completed applications should be sent to [PTARecognition@apta.org](mailto:PTARecognition@apta.org) by the date provided, this is usually February 1, and August 1, of each year.



### Service to Members

NHAPTA announces a new link on its Website, a direct hyperlink with the Board of Allied Health Professionals. From our homepage, [www.nhapta.org](http://www.nhapta.org) Click on NH State PT Licensing Board.

Soon to come: a hyperlink to the NHAPTA's new PTA/Sig, the special interest group for our Physical Therapist Assistants.

It's the 21st Century, folks. Let's get with it!





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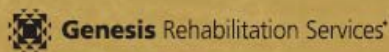
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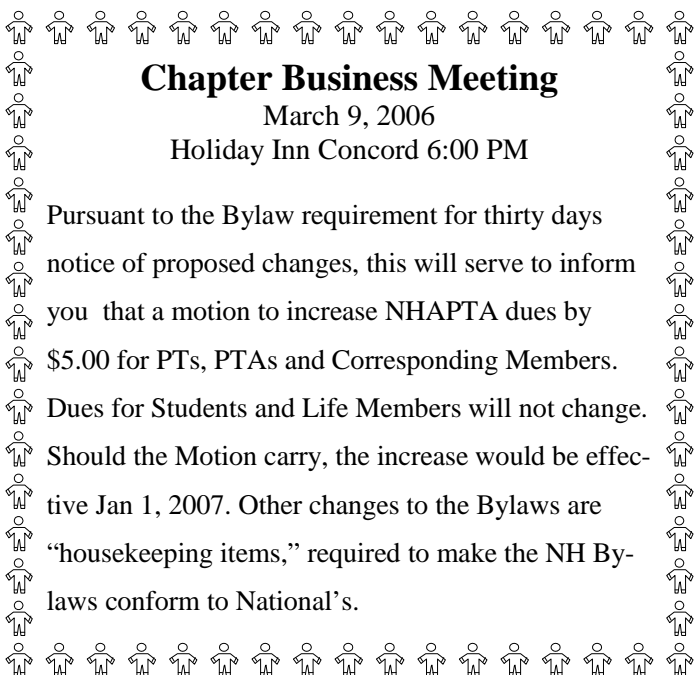
I recently attended the National APTA Reimbursement Chair Forum, where 49 reimbursement chairs and 10 section representatives were present. It is extremely valuable to network with other PT chairs and experts from the national government affairs and reimbursement teams. Helene Fearon, PT, lectured on "Tools for Managing Physical Therapy Reimbursement". Fraud and abuse and areas of compliance audited were discussed with the importance of documentation to support your billing practices. Upcoding of insurance claims, performing timely resolutions to overpayments, failure to properly use billing modifiers, duplicate billing, timely certifications and plan of care, and proper use of waivers were some of the areas discussed.

New 2006 coding changes have occurred as follows: **98960-98961** Education and Training for Patient Self-Management code was discussed by Helene who states this code is meant for the physical therapist to use published educational material i.e. Arthritis Foundation, American Diabetes Assoc. This code is not intended for routine patient instruction of a home program; **97542** Wheelchair Management, Assessment, Fitting and Training has been redefined; **97020** Microwave has been deleted; **97760, 97761** (replaces **97504, 97520**) Orthotic and Prosthetic Assessment, Fitting and Management Training unless otherwise reported (i.e. use of L-code). In other words, if a provider bills an "L" code which includes evaluation for and fitting of the orthosis/prosthesis, the provider should only bill 97760 to represent the training time associated with teaching the patient how to use the orthotic/prosthesis and perform exercises in the orthotic/prosthetic. Unattended electrical stimulation code **97014** is replaced with **G0281-2** for wound care and **G0283** for indications other than wound care. It is recommended that members purchase yearly new CPT coding manuals for a full description of codes and all the yearly changes.

The Medicare Physical Therapy/Speech Therapy cap of \$1740 went into effect January 1, 2006. A separate cap of \$1740 exists for Occupational Therapy. The beneficiary is still responsible for 20% copay and deductible (\$1392 paid by Medicare; \$398 by beneficiary unless a secondary insurance is available). Those excluded from the therapy limits are outpatient therapy services billed by hospitals.

APTA members are encouraged to use the APTA web-site for "Hooked on Evidence" to support evidenced based physical therapy practice, which directly relates to how we are being reimbursed as a profession. Discussion on how to effectively negotiate with insurers was reviewed.

On a local level, the reimbursement committee has been busy with ongoing meetings with Anthem and attempting to have meetings with Cigna. January 1, 2006 Anthem issued a new outpatient physical therapy fee schedule that will become effective on April 1, 2006. The newly proposed NH outpatient physical therapy fee schedule will reduce our current reimbursement rate on average by 10-14%. This fee schedule will apply to outpatient PT practices not to hospitals. We routinely meet with Anthem to discuss many issues that relate to reimbursement such as the authorization processes, quality assurance, fraud and abuse, the roles of PTA's, documentation, coding changes, billing practices and general education of our profession standards and goals. If you have an interest in the area of reimbursement, please contact me @ kmhanlon@comcast.net.



**Chapter Business Meeting**  
March 9, 2006  
Holiday Inn Concord 6:00 PM

Pursuant to the Bylaw requirement for thirty days notice of proposed changes, this will serve to inform you that a motion to increase NHAPTA dues by \$5.00 for PTs, PTAs and Corresponding Members. Dues for Students and Life Members will not change. Should the Motion carry, the increase would be effective Jan 1, 2007. Other changes to the Bylaws are "housekeeping items," required to make the NH Bylaws conform to National's.



**Volunteer Needed**

We need a volunteer to work with the Chapter Web Master to review and update our award winning website on a regular monthly basis. Estimated time commitment, after the initial training: 2-3 hours monthly. Work at home, on your own schedule. Must be a Chapter member, have computer and be familiar with Internet Explorer, & MS Word.

Great opportunity to meet and support Chapter leadership and be part of the dynamic group that is making NH a great place to practice physical therapy.

Call 497-8989 for an interview appointment.

# Therapy Caps

Despite all of the efforts of APTA over the past year, the financial limitations of therapy services (therapy caps) that were initiated by the Balanced Budget Act of 1997 went into effect on January 1, 2006. The good news is that during the budget reconciliation legislation currently pending in Congress, there are provisions that would authorize CMS to allow coverage for services beyond the cap if they are shown to be medically necessary. However, the process for getting approval for this additional coverage has not been defined yet. It is important that all physical therapy practices are prepared to educate patients on the implementation of these caps.

The following has been excerpted from Ben Massey's, President of APTA message to Physical Therapy Providers:

Examine your intake process. Ask your patients if they have received physical therapy services during the same calendar year at any other location. Verify this information by accessing the patient's accrued amount of therapy services from the "ELGA" and ELGB" screen inquiries into Medicare's Common Work File. If you do not have access to these electronic inquiries, call your Medicare carrier or intermediary. Keep in mind that physical therapy and speech-language pathology services share the same \$1,740 cap.

Estimate the number of visits before your Medicare patient meets the cap. Take the approximate amount of your charges and divide them into \$1,740 to estimate the number of visits before a given Medicare patient is likely to reach the cap. Keep in mind that the \$1,740 includes both the amount Medicare pays and the beneficiary co-pay, for example, 80% of \$1,740 is \$1392. Beneficiary co-pays would constitute the remaining \$348 of \$1,740 (these figures apply to a participating provider).

Notify your Medicare beneficiaries that they are subject to the cap at your first therapy encounter and tell them their options once they've hit the cap amount: to either receive physical therapy services in an outpatient hospital setting or to pay out of pocket for your services. (Note: patients who are residents of the certified portion of a skilled nursing facility may not use outpatient hospital services.)

Give your patient a Notice of Exclusion of Medicare Benefits (NEMB) form if you estimate services beyond the cap amount will be needed. The NEMB notifies your patients in writing that the remainder of the services they are about to receive from you are statutorily excluded from the Medicare benefit and they will need to accept financial liability for all remaining visits.

You may provide contact information for hospital outpatient physical therapy services at a nearby hospital if the patient cannot afford to pay out of pocket or declines to do so for the remainder of their visits. Hospital outpatient services are not subject to the cap under current law.

Check the APTA website ([www.apta.org](http://www.apta.org)) frequently for updates on the new exceptions process that CMS has yet to define. CMS is likely to issue instructions in the near future outlining the documentation requirements for these exceptions. In the meantime, make sure all of your documentation meets current Medicare requirements. Check your weekly PT Bulletin Online and the APTA homepage frequently for access to new information. In addition, train your staff to be knowledgeable about the therapy cap and be aware of its status and new developments. The APTA website provides up-to-date information from CMS on its Therapy Cap Instructions page.

For more information review the CMS Transmittal 759:

Remember that modifiers are used to identify therapy services whether or not financial limitations are in effect. Providers must continue to report one of these modifiers for all appropriate therapy codes.

All claims must include one of the following modifiers to distinguish the discipline of the plan of care under which the service is delivered:

- GN Services delivered under an outpatient speech-language pathology plan of care;
- GO Services delivered under an outpatient occupational therapy plan of care; or,
- GP Services delivered under an outpatient physical therapy plan of care.

This is applicable to all claims from physicians, nonphysician practitioners (NPPs), PTPPs, OTPPs, CORFs, OPTs, hospitals, SNFs, and any others billing for physical therapy, speech-language pathology or occupational therapy services.