

Physical Therapy News Congratulations and Celebrations

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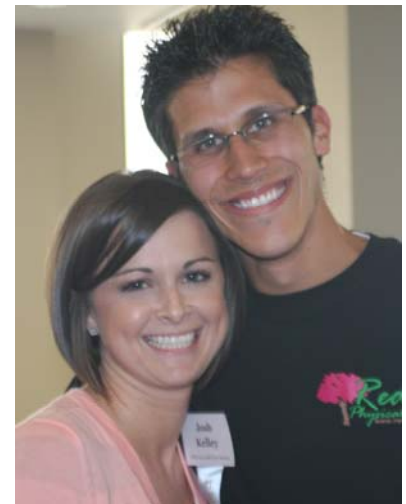
The OPTA Mid-Year meeting in August 2011 was held at Tulsa Community College. As an association we want to thank the participants, speakers, vendors, and faculty from TCC for contributing to the success of the conference.

During the business meeting Arthur Hulbert was elected to a three year term as delegate and Janie Taylor was elected to a one year term. A new award the "Mark Acker Inspirational Award" was approved by the membership and Karol Andrew was recognized as the OPTA 2011 Founders Award recipient.



The OPTA Public Relations (PR) Committee, lead by Autumn Aneshansley, submitted a grant application for the APTA's 2012 Community Awareness grant in July of 2011. The OPTA was recently notified that we were in fact one of the grant recipients and have received \$3,000 from the APTA! The Community Awareness Grant is a two year grant the APTA developed to facilitate public relations and advertising efforts at the local level. Beginning in 2012, the PR committee plans to utilize the grant money to extend Grassroots efforts across our state to consumers and physicians through quarterly direct mailings.

OPT-PAC announces new leaders. Josh Kelly, Chairperson and Ashley Johnson, Treasurer.



Presidents Report



As 2011 comes to a close I wanted to review the progress that your Board of Directors made this year in implementing year one of the three year Strategic Plan. We are truly blessed with a quality BOD and they have represented you well all year.

The first goal that we had as an organization is to improve Patient Access to Physical Therapy. During the past legislative session we moved our bill to gain full access to the Fitness and Wellness population unanimously through the Senate. The bill also had language attempting to update our Practice Act and met opposition from physician groups when it reached the House and was carried over until this next year. We will be working with those groups in 2012 in an attempt to get this important piece of legislation passed. We will also see our Rules passed in 2009 by the Board of Medical Licensure extending a prescription deadline to 90 days go to the Governor for signature in 2012. Please join the OPTA List serve to receive up to date information on the latest news from the legislature and contact Brandon Trachman if you would like to be a Key Contact for our OPTA Legislative Committee.

Our Second goal as an association is to advocate for payment policies in the public and private sector that reflect the value of physical therapy. Mike Strakal has recently taken on the challenge of working on this goal as the new Reimbursement Chairman for the OPTA. We will continue working with the APTA in attempting to get the Exemptions to the Medicare Cap extended for 2012 and the reduction in the Physician Fee schedule removed. The APTA is in the final stages of submitting a completely different payment system that is based on patient severity rather than payment for

service as our current system is currently based. OPTA Treasurer Joe Streich was able to participate in a focus group at the APTA headquarters this Fall as this final strategy is drafted. Stay tuned in 2012 as this potentially historic change is submitted to help keep Physical Therapy payments in a position to secure our profession for years to come.

The 2010 OPTA BOD identified our third goal as providing opportunities for life-long learning incorporating the best available evidence. Debbie Christian did a great job securing quality speakers at this year's Annual and Mid-Year meetings. She is already putting together another quality agenda that will be announced soon for the March 2012 Annual Meeting and has been in contact with some of the profession's leading researchers and speakers about potentially visiting our Chapter.

Our Public Relations committee that was led by Tamara Hart and taken over by Autumn Aneshansley has been tasked with the goal to educate professional and consumer groups to increase recognition, utilization, and support for the practice of physical therapy. In Autumn's first month on the job after being elected OPTA 2nd VP she was able to secure one of the APTA's Public Relation grants which will assist the OPTA in implementing our goal. In early 2012 (if not sooner) we will finally be able to unveil our new OPTA website that will allow improved communication between consumers and our members. If you would like to be part of this committee please let Autumn know.

Perhaps one of our finest accomplishments again this year was met by our Membership Committee led by Janie Taylor. This committee is overseeing our final Strategic Goal of recruiting, mentoring, retaining members, and leaders. Their three year goal was to increase overall membership by 5% and are well on their way of accomplishing the goal as we have seen a 3% increase just this year. They have also implemented a Mentorship program that has over 150 students/new professionals matched with mentors.

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Other states are looking at our Mentorship program as a guide in how to implement their own program.

As you can see we have a lot to be proud of from 2011 and a lot to look forward to in 2012. Your BOD remains committed to fully implementing the current Strategic Plan in 2013. 2012 will bring some changes to the OPTA leadership as we will elect a new President, 1st VP, and Secretary in March and then a new PTA Caucus Representative in August. If you are interested in getting more involved with leadership in your association this is your year!! As always I thank you for the opportunity that you have given me to serve as your President the past few years. I hope that you have a Merry Christmas and a Happy New Years!



Eastern District Update

The Eastern District ended the year with some very fun, exciting, and educational events. We had back to back record breaking attendance with 43 people attending our September meeting and 48 attending our October meeting/PT month celebration. In September we were fortunate to have Scott Stromberg from Hanger Prosthetic present on Microprocessor Knee Designs while we enjoyed some lovely Hide-away Pizza. In October, we had our PT Month Celebration. Oklahoma's very own Casey Kirkes, PT presented on Social Media and Technology in P.T. while attendees enjoyed some fabulous Leon's food and some wonderful social time. Door prizes were given away and a great time was had by all. We would like to thank all of the vendors who donated prizes and who continue to support our profession. We wrapped up the end of the year with a meeting on November 10 with Dr Jimmy Huebert presenting on the topic of Non-Surgical Treatment of Joint Pain. Elections were held for Eastern District Director position with Jennifer Bebo, PT, DPT, OCS becoming our new Eastern District Director. We are excited to have her on board. The Eastern District Leadership would like to thank everyone for a WONDERFUL year....we look forward to even more exciting meetings and CEU opportunities in 2012.

~Cindi Cathey, PTA/ Eastern District Chairperson

Payment Considerations

Jeff Hogan, PT, MSPT, OCS

With today's healthcare climate, it is more important than ever to educate and adapt to the requirements of documentation and billing by CMS and other payors. CMS has changed its philosophy from a "pay and chase" system, in which payments are made and then reviewed for necessity and completeness at a later date. New models of payment review are being tested by CMS that will have more stringent upfront review of documentation, billing and care.

In November, I had the pleasure of attending the Private Practice Section Annual Conference in beautiful Seattle, Washington. The education content, speakers, and networking opportunities were invaluable, not to mention the PPS puts on one of the finest Annual Conferences. At the top of my list of sessions to attend was called *The Crucial Dependences between Documentation and Billing*, presented by John Wallace, PT, OCS, CEO of BMS Practice Solutions, and Heidi Jannenga, PT, ATC/L, COO of WebPT Inc. The information below was presented to the audience.

Resource-based relative value scale (RBRVS).

RBRVS is a schema used to determine how much money medical providers should be paid. It is partially used by Medicare and by nearly all HMOs. RBRVS assigns procedures performed by a medical provider a relative value which is adjusted by geographic region (a procedure performed in Manhattan is worth more than a procedure performed in Oklahoma City). This value is then multiplied by a fixed *conversion factor*, which changes annually, to determine the amount of payment.

RBRVS determines prices based on three separate factors: provider expense, provider work, and malpractice expense. Provider expense is made up labor costs, supplies, equipment, building costs, utilities and all other non-professional labor except for professional liability insurance. Malpractice expense is simply the cost and maintenance of malpractice insurance policies.

Wallace made the point that the most important aspect of these three is the provider work factor. This represents the specialization and expertise of the provider and their care delivered to the patient on a particular visit. This includes time for the provider to perform the service, the technical skill and physical effort involved, the mental effort and judgment of assessment

and evaluation, and stress associated with risk to the patient.

We all understand the "one-on-one" time rule. If this rule is broken down, this includes *pre-time*, which is set-up and preparation; *intra-time* which is performing the procedure, and *post-time*, the time of documentation and discharging evaluation. Let's look deeper.

We typically count our "hands on" time as timed services by a provider to bill for 97140 Manual therapy. However, included in this *intra-time* is an important aspect of specialized physical therapy care that many of DO NOT take into account: assessment and management time. Wallace advocates by definition and inherent in each CPT code are components of hands-on intervention minutes plus assessment and management minutes that equal total one-on-one minutes.

- Hands-on intervention minutes + assessment and management minutes = total one-on-one treatment minutes

The assessment and management area represents our clinical judgment and evaluation of the patient's clinical presentation for that visit and the care that followed:

- Progress since last visit
- Clinical judgment since last visit
- Treatment effectiveness
- Instruction and education to the patient
- Professional communications: internal and external
- Planning for next treatment
- Documentation time *in the presence of the patient*

It's important to remember this starts at the first interaction of the patient on that visit, and ends when the patient leaves your care.

All aspects of the patient encounter should be documented to demonstrate appropriate time use with coding. For example, if you spend 10 minutes instructing the patient and family member on activity modification, then it should be documented and billed appropriately. Another example, if you interview your patient and adjust the plan of care based on that day's numerical pain score and clinical presentation, then you should document that in the daily note. This then can be included in your appropriate billing for your care of the patient. (continued on page 3)

Here are some examples pulled from the presentation:

Example 1:

Patient receives hands-on care of:

97110 15 minutes

97140 13 minutes

Total: 28 minutes (8 minute rule=2 units)

Therapist performs 11 minutes of assess and mgmt time

Total skilled one-on-one time: 39 minutes

Appropriate to bill 3 units (2 97110 and 1 97140)

Example 2:

Post-operative RCR second visit without sling

9 minutes of PROM

30 minutes review surgical procedure with illustrations by book, post-operative instructions, and contraindications to use

9 minutes of intra-time and 30 minute assess and mgmt time

Appropriate to bill 3 units of their ex or manual therapy

In closing, now more than ever, we must keep a careful eye on billing/coding laws and regulations. More importantly, we must be aware of CPT code use of our care while documenting the entire patient encounter. It's imperative to know what's included in your CPT service codes to help the physical therapist bill appropriately for services rendered. This contains:

- Documentation time *in the presence of the patient*
- Communication to/with other providers (internal and external): verbal and written

- Components of patient/client management including daily assessment/management services
- Supplies required to deliver the intervention

This includes our most valuable expertise that we tend to leave out: our clinical reasoning and judgment. The "bring home" point of this course at the PPS Annual Conference was this: inherent in those infamous CPT codes are more than just "hands on" one-on-one time. There is the valuable time of assessment and management that is part of the *Total Time* equation.

Mr. Wallace and Ms. Jannenga closed the presentation with the promotion that as physical therapists, we are more valuable in the care and intervention to those we serve, than just "hands on" time. Our experience, education, and skills are highly valuable and critical to the success of our patients to reach their goals. By remembering to include assessment and management time as part of our expertise in our billing, we can utilize the codes as they are intended, improve our reimbursement rates for the actual care we provide, and ultimately, promote our profession as specialized providers of care by including our critical reasoning and judgment.....as long as it's documented!



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PT Month Activities

Out Patient Therapy Services at Valley View Regional Hospital located in Ada Oklahoma once again celebrated PT Month. This is the 5th annual "123 Get Fit" Program, which targets school age children to promote healthy eating and physical activity. Walmart donated two bikes and helmets for our drawing and OG&E donated games to be given to the kids as door prizes. Approximately 150 children participated. The Mayor Dick Scalf of Ada joined us and presented a proclamation stating " October Physical Therapy Month"



Photo by Richard R. Barron

Langston University Year III DPT students hosted PT month activities in Guthrie, Langston, and Stillwater. Over 40 community members attended. The students discussed "Fall Prevention" and distributed door prizes to all in attendance. Funding for the door prizes was supported by the Oklahoma Physical Therapy Foundation.



Less than 30 Days Remain for Congress to Act to Extend the Therapy Cap Exceptions Process and Prevent a 27.4% Cut in Medicare Provider Payments!

Less than 30 days remain for Congress to take action on the therapy cap exceptions process. It is critical that Congress pass legislation before December 31, 2011 to extend the therapy cap exceptions process and to avoid the scheduled 27.4% cut in provider payments under the Medicare physician fee schedule.

While APTA is working tirelessly with congressional offices on the Hill to protect the profession and our patients from these impending cuts, **we need your help.**

Help us reinforce our message by contacting your legislators today.

Mid-year Meeting Pictures



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IMPORTANT EVENTS:

OPTA ANNUAL MEETING

March 30-31, 2012

Tulsa, Oklahoma

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