

## REGULATIONS, continued

Key dates for CMS' Post Acute Care Payment Reform Demonstration (PAC-PRD):

- **Immediately.** CMS is in the process of selecting demonstration participants. CMS will select the first of 10 market areas participating in the PAC payment reform demonstration. If you think the demonstration may be a good fit for you, send a request to participate to [pat-comments@rti.org](mailto:pat-comments@rti.org).

- **January 2008.** Data collection in the first 10 markets is set to begin this month and will continue for three years.

- **March 2008.** CMS will expand the demonstration to nine other markets. Participants will collect data using the Continuity Assessment Record and Evaluation (CARE) tool, submitting the data directly to CMS through Web-based data submission systems.

- **Late 2011.** CMS will report to Congress regarding the demonstration's findings. *Benefit:* The data submission systems used with the CARE tool are designed to be interoperable so that data can be downloaded from provider systems, CMS says: "This will reduce data entry time and

improve reliability for items already stored in a provider system, such as beneficiary insurance information, and other items that are important for improving continuity of care, such as known allergies or prescription medications at discharge."

**Note:** For more information on the PAC-PRD and the CARE tool, read the related article in *Eli's Rehab Report, Vol. 14, No. 10*. If interested in participating in the demonstration, contact RTI's **Barbara Gage** at 1-781-434-1717 or [bgage@rti.org](mailto:bgage@rti.org). ■

## PRACTICE POINTERS

# Got The High-Tech Fever? Be Prepared To Do Some Homework

► **Documentation software can be your best friend — or a thorn in your side.**

If you've considered purchasing documentation software for your rehab clinic, you have a lot of potential to bump up your productivity and maintain stellar records. Not to mention, you're right on track with the direction major payers are going. But before you buy, take some time to ask yourself these five critical questions. Their answers could mean the difference between a good and a bad investment.

### Are You Ready For The Learning Curve?

Ideally, documentation software will make life a lot easier and your therapists more productive, but beware that you're apt to lose productivity initially.

"You're not only investing in the software, but in setting it up for your practice and training your staff," notes **Mitch Kaye, PT**, director of

quality assurance for PTPN in Calabasas, CA.

That means you'll need to allow for extra time to get your therapists up to speed. But your vendor should be willing to help.

**Good idea:** When you're in the purchasing process, see if the vendors you like have good tutorial programs and a reliable technical support team. And it never hurts to ask your industry colleagues or the vendor approximately how long it takes to get your practice up to speed.

### What Are Your Basic Needs?

Many software products exist, which tailor differently to every provider, so you'll want to consider things such as: What is my setting? Who will be using the software? What am I looking to improve in my documentation and record-keeping practices? Will I be able to add my old

paper records to the program? What type of reports will I be able to generate? Will it interface with my current billing system? Understanding your reasons for wanting documentation software will steer you toward a more appropriate product.

**Reality:** Just remember that in a departmental setting like a hospital, "there is not one system that meets the needs of all departments: medical records, billing, nursing, therapy, etc.," points out **Denese Estep, OTR**, with **DE Consulting LLC** in Atlanta. And interfacing between systems can be difficult. So with that in mind, prioritize your department's (or practice's) needs, and that overwhelming list of vendors and products will start to narrow down.

### What Are Your Complex Needs?

Once you've established your basic needs, it's time to sort out the

## PRACTICE POINTERS, continued

finer perks you need to make your software investment worthwhile. For example, “if you have a practice that focuses on a particular rehab specialty, you may want to make sure the program’s evaluation forms meet your needs or that you can add your own forms to the program,” Kaye says.

You may also desire the ability to conform to each therapist’s evaluation methods. For example, if Therapist A evaluates knee patients by measuring the knee’s circumference, one inch above the knee, and one inch below; and Therapist B measures the knee’s circumference and three inches above and three inches below the joint, each therapist may want their own customized forms to accommodate, Kaye says. “Some programs will allow for that, and some programs will have strictly one evaluation form.”

**Another thought:** If you’re of a statistical mindset and want to examine your operations more closely, you may want to choose a product that offers statistical analyses, such as how many patients a specific doctor has referred to your clinic, how many hip replacement patients you have seen, patient outcomes for a particular therapist, your percentage of Medicare patients, etc., Kaye suggests.

### Who Needs To Access The Software?

This may seem like an obvious question, but when you’re faced with purchasing site licenses for multiple therapists in a large practice, access is an important consideration. Ask the vendor if you’ll have to pay for each therapist using the software, Kaye says. Don’t forget to inquire about assistants’ and aides’ usage too, he adds. “You should also ask what happens when temps or registry people need access and they don’t have a license to use the particular product.”

**Don’t miss:** This is also a good time to inquire about security features. You should have safeguards as to who is able to access patient charts. “Some programs offer different levels of access for different people or allow the practice owner to decide each staff member’s level of access,” Kay says. The program should also have measures to protect each therapist’s electronic signature.

### Does It Promote Good Documentation Practice?

Buying an expensive software license can do wonders, but it’s not like waving a magic wand. “People need to realize that an electronic doc-

umentation system is only as good as the people using it,” Kaye cautions. And some systems can allow you to get pretty lazy.

Kaye recalls one product that shows the therapist the treatment given on the previous visit and allows the therapist to accept that as their current treatment. Then during a chart review, “there’s a month of the same note being repeated day in and day out, with no progress documented,” he explains. And that’s not going to help you get paid.

**Good idea:** Some programs make certain fields mandatory — or at least allow you to program mandatory fields.

For example, “a program might require that for Medicare patients, you document the minutes you spent providing timed CPTs and the total treatment time before continuing to the next field, which may help with reimbursement,” points out **Rick Gawenda, PT**, director of physical medicine and rehab at **Detroit Receiving Hospital**, and owner of **Gawenda Seminars**.

**Note:** Stay tuned for the next issue of *Eli’s Rehab Report* for important documentation software tips — this time on shopping strategies. ■

## READER QUESTIONS

### Navigate Therapy Cap Exceptions With New ICD-9s

**Question:** *How should I submit claims for Medicare Part B therapy cap exceptions now that many 2007 ICD-9 codes are obsolete? For example, Dysphagia (787.2) is an obsolete ICD-9 code as of Oct. 1, but that code is on CMS’ list of automatic process exceptions to the therapy caps. If I submit a claim with an obsolete code, it could be denied — but on the other hand, my Medicare intermediary may not recognize the new codes for Dysphagia and could start kicking in the therapy cap. What’s your suggestion?*

— Virginia subscriber

**Answer:** If the patient has dysphagia, you do need to use one of the six new codes that went into effect Oct. 1. In addition, use the KX modifier (*Specific required documentation on file*) if the dysphagia is causing the patient to require continued skilled therapy services above the cap.

The KX modifier is what tells the Medicare contractor that the patient requires skilled therapy services above the cap — not the ICD-9 codes. However, you still need to report the most accurate ICD-9, and your documentation must support the diagnosis of dysphagia, that the treatment is still medically necessary and that the patient has yet to reach maximum functional improvement.

We welcome your comments and suggestions! Please let us know what you would like to see addressed in our report.

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