

OUTPATIENT OUTLOOK

Rehab Providers Face A Rocky 2008 — If Congress Doesn't Take Action

► **Important: Take a long, hard look at your professional requirements.**

There's a lot in store for rehab providers, thanks to the 2008 Medicare Physician Fee Schedule Final Rule. You read the highlights in the last issue of *Eli's Rehab Report*, so here are the details you've been waiting for.

Part B Providers On Shaky Ground

Unless Congress does some fast footwork before Dec. 31, the Final Rule states that the therapy cap exceptions process will expire, and the Medicare conversion factor will drop by 10.1 percent on Jan. 1. And with the clock ticking away during the holiday season, experts worry whether Congress will even have enough time to address these issues.

In the works: Late last summer, the House passed the SCHIP bill, which included Medicare provisions to take care of the above problems for two years. But the Senate's version cut out the Medicare provisions in the final version that went to the president.

That leaves the Senate back at square one hopefully to address Medicare issues before the end of the year. And with all the appropriations bills they still have to complete, in addition to the threat of filibusters, "it is looking pretty dismal," admits **Jerry Connolly, PT**, owner of **Connolly Strategies & Initiatives** and lobbyist for **PTPN**.

Another option: Reps. **Earl Pomeroy** (D-ND), **Shelly Moore Capito** (R-WV) and **Tom Allen** (D-ME) introduced legislation on Nov. 6, *The Long Term Care Quality & Modernization Act of 2007 (HR 4082)*, which "would extend an exceptions process based on the clinical judgment of health care providers," according to a press release from the **American Physical Therapy Association**.

Last ditch effort: Contact your senators and representatives directly, addressing your concerns about the Medicare provisions.

PQRI Bonus On A See-Saw

CMS has high hopes for its new Physician Quality Reporting Initiative. But the PQRI bonus that CMS offered qualified providers who reported a high percentage of quality measures may be on the chopping block if the House has its way. "The House provision of the CHAMP Act maintained the PQRI program, but stripped the bonus from it as one way to remedy the cuts to the conversion factor," Connolly points out.

This could be a letdown for those providers counting on that bonus. On the other hand, many rehab providers aren't even eligible for the bonus, such as those in SNF, inpatient and home health settings.

Stay tuned: On the brighter side of PQRI news, the Final Rule identified new quality measures for PQRI, six of which PTs will be able to report, says **Dave Mason**, VP of government affairs for APTA. Those measures are: screening for future fall risk, adoption and use of health information technology, universal documentation and verification of current medications, weight screening and follow-up, pain assessment prior to initiation of patient therapy, and patient co-development of treatment and plan of care.

To keep current with the latest PQRI news, visit www.cms.hhs.gov/PQRI/35_2008PQRIInformation.asp.

Professional And Personnel Qualifications Tighten Up

Starting on Jan. 1, 2010, practicing SLPs, PTs, PTAs, OTs and OTAs will have a new set of standards to adhere to. *The good news:* If you've begun practicing before that date and are appropriately adhering to current standards, you'll be "grandfathered" into the newest standards for 2010.

But be prepared to know the standards for new grads taking a job at your practice or facility after Dec. 31, 2009. Carefully review the new definitions of SLP, PT, PTA, OT and OTA — especially if your state doesn't license these professions. (See pages 108-113 and 177-188 of the Final Rule to read more details about each discipline's latest standards.)

Coming soon: Even more pressing, check out the new personnel standards that take effect in July of 2008. CMS wants to standardize personnel requirements across inpatient and outpatient settings and require that beneficiaries receiving therapy at inpatient hospitals and skilled nursing facilities have a plan of care. Also effective July 1, 2008, skilled nursing facilities can no longer count and bill for minutes of therapy services provided by aides under a therapist's line-of-sight supervision.

As far as personnel standards go, "we're concerned about the potential impact on different settings where students would be involved," Mason says. "Creating more uniformity is a good idea, but in each of those settings, there are unique patient care situations that need to be recognized."

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

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APTA's published comments in the Final Rule suggested "conforming the policies for students to the SNF policy for services provided by aides and students," that is, the ability to

perform services in the "line of sight" of the therapist. CMS' response was that it would "consider" doing so and would "address this issue in manual guidance." So stay tuned.

Note: To read the full text of the Final Rule, visit, <http://a257.g.aka-maitech.net/7/257/2422/01jan20071800/edocket.access.gpo.gov/2007/pdf/07-5506.pdf>. ■

CODING CORNER

Say Hello To New Rehab CPTs For 2008

► **Take note: Medicare will not reimburse all of them.**

After an uneventful 2007 for new CPT codes in rehab, 2008 promises a handful of codes to try on for size. Read on to learn about each one, as experts reveal important tips for reporting them.

Get Ready To Report More Teamwork

If you, as a PT, OT or SLP, have avoided CPT's Evaluation and Management section like the plague, you may be changing your ways soon. Take note of **two new codes in the E/M section under the heading, "Case Management."**

Drum roll, please: Codes 99366 (*Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional*) and 99368 (*Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional*) are applicable to PTs, OTs, SLPs and other qualified nonphysician health care professionals, such as dietitians, for reporting their participation in interdisciplinary team conferences.

But get ready for some strict guidelines outlined in your new CPT books, such as:

- At least **three** qualified health care professionals **from different specialties** and that have **provided direct care** to the patient must appear in person at the team conference. These participants must also be **actively involved** in coordinating the patient's care.

- Conference participants reporting these codes must have performed face-to-face evaluations or treatments of the patient **within the last 60 days**.

- Reporting participants must **document** that they participated in the team conference, in addition to the information and recommendations they contributed.

- **Only one individual from each specialty** may report a team conference code from the same encounter.

- Your conference must be **at least 30 minutes** long to report. That time begins when providers review the individual patient and ends at the conclusion of the review. In other words, you can't count time related to record keeping and report generation, CPT says.

Tip: Be sure to watch for typos when reporting these closely-related codes. Code 99367 (... *participation by physician*) is not reportable by nonphysician health care professionals, per the descriptor — and it's only one digit away from the two codes you can report.

... But Don't Expect CMS To Reimburse These Codes Yet

Now that you have most of the reporting guidelines under your belt, the next question is, do I get paid for this? The answer at the present time is no, at least for CMS. "Medicare considers 99366 and 99368 to be bundled with Evaluation and Management," explains **Steven White, PhD**, director of health care economics and advocacy for the **American Speech-Language Hearing Association**. But from ASHA's perspective, this does not make sense for SLPs, OTs and PTs — because these providers can't even report E/M services. That said, the organization (and quite possibly others) plans to work out the kinks with CMS, in hopes of some reimbursement next year, White tells **Eli**.

Important: Just because CMS won't dish you the dough for these codes doesn't mean you shouldn't report them. "If organizations like **APTA**, **AOTA** or **ASHA** advocate for your reimbursement, the last thing you'd want to happen is for CMS to respond that nobody's reporting these codes anyway," points out **Rick Gawenda, PT**, director of PM&R for **Detroit Receiving Hospital** and owner of **Gawenda Seminars**. In addition, it's possible that payers like workers' comp and auto insurance will reimburse for these codes,