

CORFs, continued

abled or injured persons, and anything that gets away from that is going to be viewed as suspect.”

2. Tread Carefully With Drugs And Biologicals

While the “must be related to rehab” issue is pretty straightforward, CMS managed to stir up some confusion on a separate CORF topic: the use of drugs and biologicals. In the proposed rule, the agency said that drugs and biologicals should not be considered part of a CORF’s scope of services. But in the Final Rule, CMS gives CORFs the okay to administer pneumococcal, influenza and hepatitis B vaccines to its patients “even though such vaccines fall outside the scope of CORF services.”

In addition, CMS decided to allow “drugs and biologicals that are not considered to be self-administered.”

Problem: The agency couldn’t think of any examples of non-self-administered drugs a CORF would use, which creates a billing catch-22.

“As we are not aware of any non-self-administered drugs and biologicals that appropriately may be included as part of a rehabilitation plan of treatment, we intend to closely track the provision of drugs and biologicals in the CORF setting *and do not expect CORFs to bill for such drugs and biologicals*,” CMS said [emphasis added].

In other words, if you do decide to bill for non-self-administered drugs, be prepared to be scrutinized, Brick warns. “And make sure you explain to CMS how they’re related to the rehab plan of treatment.”

3. Say Goodbye To E/Ms, Respiratory Therapists

Perhaps the regs with the biggest impact on CORFs affects the pulmonary rehabilitation arena. Respiratory therapists (RTs) are up in arms about CMS nixing their ability to perform evaluation procedures. “The agency is taking away the RT’s ability to do things like spirometry tests and other tests that determine if a patient is appropriate for pulmonary rehabilitation and putting the onus on the physician,” explains **Darrie Ichilov, PT**, senior consultant for **Universal Healthcare Solutions**, a healthcare consulting firm in Scottsdale, AZ.

Why? CMS believes “diagnostic evaluations,” “management” and “assessment” are “services performed by the physician to establish the medical and therapy-related diagnose [sic] and the respiratory therapy plan of treatment.”

In addition, the Final Rule states, “Respiratory therapists are not recognized as independent practitioners in the Act or regulations, and respiratory therapy services are not

specifically identified in a statutory benefit category.”

But RTs argue that they are nationally accredited and most certainly have the expertise and right to perform these tests. In addition, RT advocates argue that patient care could suffer because physicians don’t have time to perform these tests. “A lot of pulmonologists and internists defer to an RT to determine if the patient meets the requirements for pulmonary rehab,” Ichilov tells **Eli**. Not to mention, “a lot of CORFs provide pulmonary rehab because it is one of the few treatment centers other than a hospital setting that is allowed to provide this service.”

Possible solution: “I’m advising my clients [CORFs] to develop relationships with patients’ physicians, in which the CORF contracts out its RTs to provide evaluations in the physician office,” Ichilov says. “The physician is going to bill for it anyway, and it behooves the CORF to do this because it’s still able to maintain relationships and direct patients into their facility.”

Note: Before embarking on a business venture as such, contact a healthcare lawyer or a consultant to help you compliantly handle the details. The Final Rule is at <http://a257.g.akamaitech.net/7/257/2422/01jan20071800/edocket.access.gpo.gov/2007/pdf/07-5506.pdf>, pages 73-83. ■

PRACTICE POINTERS

Shop Smart: Gather Crucial Info From Vendors And Customers

► Look for these key features in your software test drive.

In the last issue of *Eli’s Rehab Report*, you read about how to find electronic medical record (EMR) software that’s best suited for your clinic.

If you’ve narrowed down your options, make sure you add these buyer strategies to your toolbox to ensure you’re getting the best system:

- **Speak with current customers in your setting.** When you speak with the vendor, ask to speak to customers currently using the software, says

PRACTICE POINTERS, continued

Marvel J. Hammer, RN, CPC, CCS-P, ACS-PM, CHCO, president of **MJH Consulting** in Denver. If you're in a small private practice, speaking with a customer in a large hospital setting won't be as helpful as speaking with another private practice owner, she explains.

Tip: Ask your peers, such as those on rehab provider listservs, for reviews of software they're using.

- **Investigate tech support.**

When you speak with the reference, ask about software support and response time, Hammer advises. No matter how good the software is, "if you can't get a call back from the support staff for two weeks while you're trying to figure out why the software isn't working like you think it should, it can be very problematic," Hammer says. You should also ask the vendor about training materials.

- **Look into extras.** Ask the vendor what features are available at an extra cost, Hammer says. You should also ask about software customization and cost, especially for items not included in the basic package, she adds.

- **Assess user-friendliness.** To get the most out of your software, it needs to be user-friendly — easy to navigate and easy on the eyes. Also, remember to check out the program's ability to send reports, says **Mitch Kaye, PT**, director of quality assurance for **PTPN** in Calabasas, CA. "If the insurance company wants a full record, is the system able to send it electronically, or do you have to print them up and send them?"

- **Request a demo.** You can get the vendor to discuss all the above topics, but nothing's as valuable as taking it for a test drive. In fact, this is the best way to assess user-friendliness.

Consider the screen appearance and layout, Hammer recommends. Look at the font size and color too. Judge how easily you can move "from one data field location to another on the same screen," Hammer advises. And test how easily you can move from one function to another, especially in routine processes, she adds. *Example:* You need information from screen B for screen A. Do you have to get completely out of screen A to get to screen B, or can you enter "hot keys" to access screen B more quickly? Hammer asks.

Tip: You can often get a good product demonstration at a conference or trade show, says **Jan Rasmussen, CPC, ACS-OB, ACS-GI**, owner of **Professional Coding Solutions** in Holcombe, WI. ■

COMPLIANCE

How The Slightest Of Mistakes Could Land You A False Claims Label

► *Physiotherapy speaks up about \$16.6 million settlement.*

If you haven't conducted an internal audit in a while, you may want to do so soon. Rehab organizations with the best of intentions can land in hot water when documentation practices get sloppy — and the result can be a national news headline with your business's name and the eyebrow-raising words "false claims" side-by-side.

That's what happened to rehab powerhouse **Physiotherapy Associates Inc.** in mid-November. Now sporting 700+ rehab clinics nationwide since its merger with **Benchmark Medical** last summer, Physiotherapy is wrapping up some old business with its former owner, **Stryker Corporation**, in the form of a \$16.6 million check to the U.S. Government.

Details: The settlement resolves allegations that Physiotherapy submitted claims to Medicare, state Medicaid programs and the **Department of Defense's** TRICARE program that were falsely billed as one-on-one services and that Physiotherapy improperly retained excess or duplicate payments it received from these federal health

care programs, according to a Nov. 14 press release from the **U.S. Department of Justice**.

Under the terms of the settlement, Physiotherapy also agreed to enter into a corporate integrity agreement with the **HHS Office of Inspector General**, DOJ stated.

"All of this stemmed from some allegations that were made with respect to some isolated clinics back in 2003," **Rick Binstein**, general counsel for **Physiotherapy Associates Inc.** tells **Eli**, emphasizing that billing improprieties were not a widespread problem for the company. After an investigation following whistleblowers' reports, "the government did find some technical billing errors in isolated situations," Binstein openly admits. "There was some sloppiness with documentation — which is something that can happen in our industry. But the government didn't find any fraud, criminal intent or systemic problems," he points out.

Making amends: Physiotherapy has improved its billing snafus since 2003 and has implemented more pre-

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

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