



NEWSLETTER

www.dptaonline.com

Spring 2015

PRESIDENT'S MESSAGE PHILLIP ALLEN

It has been my pleasure to work with George Edelman during his 4 years as president. His efforts were highlighted this past year as he guided member efforts during the legislative sunset review of our practice act. George's guidance on behalf of the Delaware Physical Therapy Association (DPTA) was rewarded with a "physical therapy statute that reflects 21st century practice." A sunset review is a periodic legislative review of agencies, commissions, or boards. In this case, it was intended for the state board of physical therapy, as well as the practice act. George's "heavy lifting" has set a high standard for the DPTA to follow over the years to come. Thank you George for your leadership!



DPTA President
Phillip Allen

While we bid George farewell as president, we are thankful that he will continue to serve as our payer relations chair for years to come. His efforts focus on fighting for the fair treatment of our membership, a challenging job as our profession continues to experience downward pressure from most insurers. Please take the time to read his contribution in this issue.

It was my good fortune to attend this year's CSM in Indianapolis and to receive my initial training as DPTA president. I gathered a great deal of information on changes to expect and received immense support and resources from the association to prepare properly. We need to embrace the vision of our profession: "Transforming society by optimizing movement to enhance the human experience." We understand as clinicians and as a profession that we are positioned to accomplish the optimization of movement and improve quality of life for those we treat. What is not clear is how we will be compensated over the years to come.

I will close my first message with sharing an important goal, which is to assure continued value for your investment in the DPTA. We are going to work feverishly to find how we can improve your experience and enhance your membership. We want our members to be familiar and prepared for accountable care organizations (ACOs), bundled reimbursement, alternative payment models, pay-for-performance (P4P), and their effect on your clinical practice, your profession, and your patients. As individuals, we have limited resources to meet these challenges, but as a group, we have strength in numbers. We need your assistance to transform our profession and there is no better time than right now to become involved. Please contact us directly and find out how you can help as a volunteer. I will end with this quote from an unknown author: "Volunteering is the ultimate exercise in democracy. You vote in elections once a year, but when you volunteer, you vote every day about the kind of community you want to live in."

Phillip Allen

DPTA ELECTED OFFICERS

PRESIDENT Phil Allen
VICE PRESIDENT Stacie Larkin
SECRETARY Chas Barker
TREASURER Douglas Patrick Huisenga
CHIEF DELEGATE Cathy Ciolek
PTA CAUCUS REP Debra Barilone

APPOINTED COMMITTEE CHAIRS

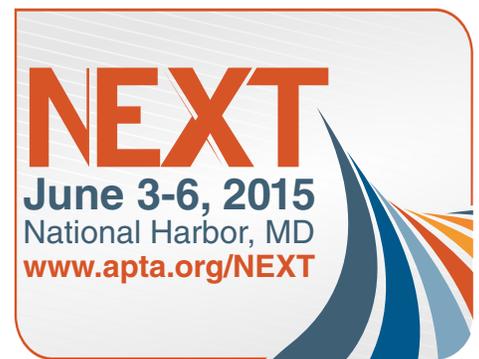
ETHICS Cathy H. Ciolek
FEDERAL GOVERNMENT AFFAIRS Annalisa Na
GOLF TOURNAMENT Phil Allen
LEGISLATIVE CHAIR Glen Brown
MEMBERSHIP Kitt Iffland
NEWSLETTER Chas Barker
NOMINATING COMMITTEE George Edelman
PAYER RELATIONS George T. Edelman
PROGRAMS & EVENTS Rebecca Tinsman & Stacie Larkin

DPTA EXECUTIVE DIRECTOR

Jamie Blackley
1055 North Fairfax Street
Suite 205
Alexandria, VA 22314
800/999-2782 ext 3159

DPTA NEWSLETTER EDITOR

Chas Barker
cbarker536@gmail.com



Register Now
www.apta.org/NEXT

PAYER RELATIONS UPDATE

FROM GEORGE T. EDELMAN, PT, MPT, OCS, MTC

UTILIZATION MANAGEMENT FEEDBACK FORM

As private payers explore ways to cut health care costs and reduce utilization, they are increasing their use of third-party administrators (TPAs) to perform utilization management (UM) and utilization review (UR) of physical therapist (PT) services. As a result, providers have seen an increase in issues related to reimbursement, authorization of visits, denials, and delays for medically necessary services, increased administrative burdens, and more.

To combat this issue, APTA has developed a utilization management feedback form to collect information from members who are experiencing issues with UM/UR companies and to help APTA develop short- and long-term UM/UR strategies. APTA will also use the information to work with insurance companies and to ensure patients have access to necessary PT services, as promised in their health care contracts. Members can access the form on APTA's new [Third-Party Administrators webpage](#). If you are experiencing issues with a UM/UR vendor, please fill out the [Utilization Management Feedback Form](#) today.

HIGHMARK BLUE CROSS BLUE SHIELD (BCBS)

On January 2, 2014, Highmark announced Highmark BCBS reports that 41% of the Physical Medicine Management Program

(PMMP) care authorizations are denied because providers are not submitting adequate documentation. They point out the 41% is from both occupational therapist (OT) and PT authorizations. Healthways reports that the 41% of care authorizations were denied because the clinical documentation submitted was inadequate.

Healthways has provided the following areas where the clinical documentation was inadequate to assist the provider in decreasing potential denials for this reason:

- Lack of evaluation
- Lack of reevaluation
- Lack of daily treatment notes
- Lack of orthopedic or neurologic tests
- Lack of detailed findings: Range of motion (ROM), strength, or function
- Information missing on patient progress
- No current status on patient goals

Healthways also offered the following to help providers with the clinical review:

Submitted documentation should include the evaluation, reevaluation, progress, updated goals, plan of treatment, daily treatment notes, orthopedic or neurologic tests, and detailed findings (ROM, strength, or function).

Submit requests on a timely basis (within 10 days of the care authorization's requested start date).

to an initial evaluation, providers should submit any reexamination that may have occurred, as well as daily clinical notes related to the episode.

If you don't have a current progress note showing current goal status, be sure to include daily notes that have objective data related to the goals. It is important to use measurable data to demonstrate the patient's progress from care (eg, ROM findings and PSFS scores).

Reduce visit frequency and increase independent rehab (ie, home exercise program) when the patient can continue to make progress.

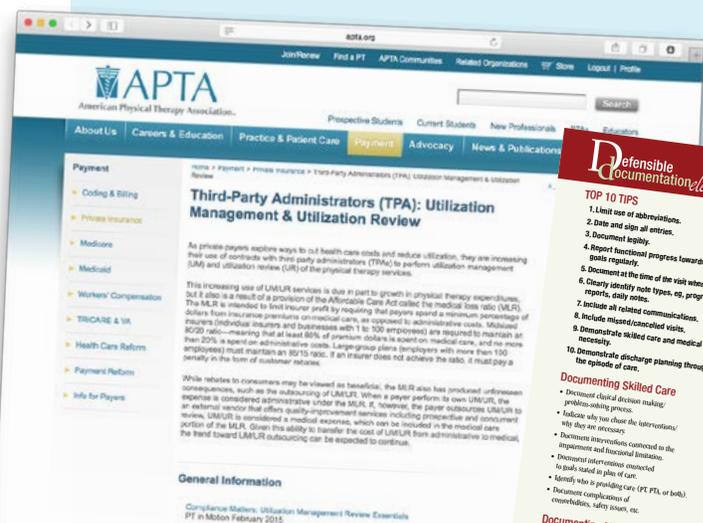
If submitting medical records for an episode of care for the first time, be sure to include the initial evaluation. For example, if you receive 8 visits approved via the care registration, then 4 visits auto-approved via the rapid response system, please include the initial evaluation when you submit records for a clinical review of 13 or more visits so Highmark and Healthways have a baseline.

The Highmark PMMP program is a calendar year program. When requesting authorizations near the end of the year, request only those visits needed through 12/31.

Ensure that your request aligns with the plan of care.

Optimize the quality of the medical records submitted. For example, The problem oriented medical records (POMR) is the nationally accepted standard for medical record keeping, and should include: (a) a problem list; (b) diagnoses; (c) treatment goals for each condition; (d) a goal-oriented treatment plan; (e) SOAP notes; and (f) dates of resolution by condition or complaint.

For PT/OT requests, ensure that your medical records reflect the recommendations found in APTA's [Defensible Documentation for Patient/Client Management](#)



Make sure to submit all relevant medical records related to the episode of care. In addition



DPTA PAYMENT UPDATE *CONT'D FROM PAGE 2*

FROM GEORGE T. EDELMAN, PT, MPT, OCS, MTC

AETNA

The Payer Relations Committee is growing frustrated with Aetna. We believe their reimbursement is less than the amount it costs to provide care for a majority of providers in the state. Please contact us and share your experiences (Delaware@apta.org).

APTA RESOURCES

2015 MULTIPLE PROCEDURE PAYMENT REDUCTION (MPPR) CALCULATOR NOW AVAILABLE

Congress has until March 31, 2015 to take action on payment formulas, including the sustainable growth rate (SGR), to prevent significant Medicare payment cuts for outpatient care. Between January 1 and March 31, PTs need to know how to determine payment for services. APTA can help.

The 2015 MPPR calculator is now live on APTA's [Medicare webpage](#). PTs must follow an MPPR policy that implements a 50% payment reduction to the practice expense value of approximately 44 codes, with payment calculated based on code combinations. The 2015 APTA calculator is designed to help PTs identify those payments for services provided from January 1, 2015 to March 31, 2015. If Congress does not take action by March 31, 2015, a 21.2% payment cut will go into effect.

APTA is actively involved in the SGR reform process and will be asking PTs, physical therapist assistants (PTAs), educators, patients, and supporters to contact their legislators when Congress is poised to take action on this issue. Members interested in joining APTA's advocacy efforts to reform the SGR and repeal the therapy cap can [sign up for PTeam](#).

FEDERAL RESOURCES

ICD-10 RESOURCES AVAILABLE

Preparing for the implementation of ICD-10 on October 1, 2015? The Centers for Medicare and Medicaid has developed several resources to help you prepare for the ICD-10 transition. The [Provider Resources webpage](#) includes videos, fact sheets, and toolkits to help providers prepare for the 2015 deadline.

APTA has also developed resources on the [ICD-10 webpage](#) to help members understand the process and provide tips to ensure a smooth transition.

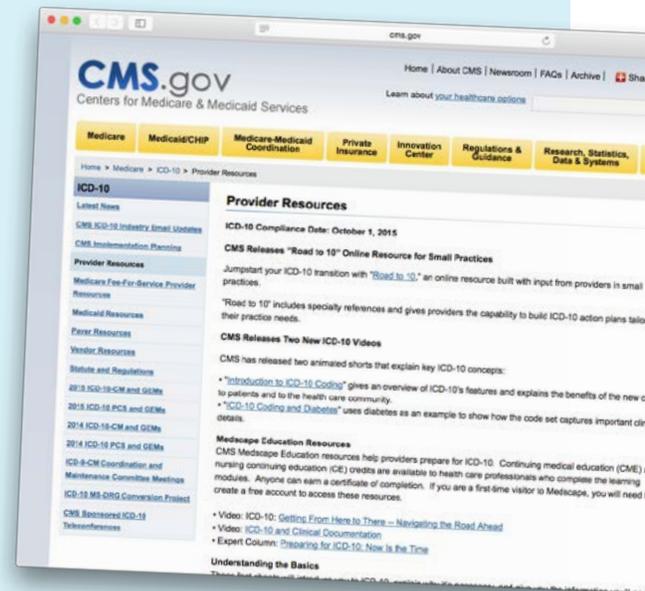
59 MODIFIER: PTS NOT YET AFFECTED BY CHANGES TO 59 MODIFIER CODING IN MEDICARE

Additional requirements around an important Medicare coding modifier are being instituted by the Centers for Medicare and Medicaid Services (CMS), but the changes do not yet affect PTs.

What is the bottom line? For now, PTs can continue to use the 59 modifier under the Correct Coding Initiative.

The changes announced by CMS in August 2014 apply to the 59 modifier in payment claims, which is the code under the health care common procedural code system (HCPCS) used to represent a service that is separate and distinct from another service it's paired with. In an effort to tease out precisely why the service is distinct, CMS is requiring some providers to use different modifiers instead. The new modifiers (XE, XP, XS, and XU) are intended to bypass a CCI edit by denoting a distinct encounter, anatomical structure, practitioner, or unusual service.

APTA has been communicating with CMS on this issue, and as of February 2015, PTs are being instructed that these new modifiers are not required for PT services. However, at some point in the future, PTs may need to use these new modifiers (instead of the 59), therefore it is important to stay up-to-date with this change as implementation continues.



In a recently issued [Medicare Learning Network guidance document](#), CMS stated, "providers may continue to use the 59 modifier after January 1, 2015, in any instance in which it was correctly used prior to January 1, 2015." The agency writes, "additional guidance and education as to the appropriate use of the new ... modifiers will be forthcoming as CMS continues to introduce the modifiers in a gradual and controlled fashion."

APTA will continue to monitor this issue and share news of any changes. PTs should also keep an eye on announcements from private payers/insurance companies as to their plans to implement the new modifiers.

CHIEF DELEGATE UPDATE: FROM GEORGE T. EDELMAN,PT, MPT, OCS, MTC

Spring is just around the corner and that means the House of Delegates (HOD) will be here soon. While APTA governance is an annual series of events, the ramp up to the HOD means much more activity. The chief delegates met at CSM to continue dialog we have been having monthly via webinars. This year is a bylaw year, meaning that bylaw amendments are

suggested and require less of a threshold to be heard. We expect the official packets of motions to be available for review officially on March 31, 2015.

The 2015 slate of candidates for national office has been posted and their [statements can be viewed online.](#)

2015 SLATE OF CANDIDATES:

PRESIDENT (1 TO BE ELECTED)



Sharon L. Dunn, PT, PhD,
OCS,



Dianne V. Jewell, PT, DPT,
PhD, FAACVP

VICE PRESIDENT (1 TO BE ELECTED)



Lisa K. Saladin, PT, PhD

DIRECTOR (3 TO BE ELECTED)



Susan A. Appling, PT, DPT,
PhD, OCS



Wendy M. Featherstone, PT, DPT



Holly M. Clynch, PT, DPT,
MA, GCS



Jeanine M. Gunn, PT, DPT



Anthony E. DiFilippo, PT,
DPT, MEd, OCS, CSCS



Robert Rowe, PT, DPT, DMT,
FAAOMPT

NOMINATING COMMITTEE (1 TO BE ELECTED)



Susan M. Chalcraft, PT, MS



Scott Euype, PT, DPT, MHS,OCS

PT CAREERS
ARE MADE HERE

WWW.APTA.ORG/JOBS



Check out all of the specialized features and resources that allow job seekers to customize search criteria, create résumés and cover letters, set up job alerts, track applications, and more!

All the tools you need for a meaningful job search are just 1 click away.

brought to you by



American Physical Therapy Association.

NEWS FROM UNIVERSITY OF DELAWARE DPT PROGRAM—CLASS OF 2015

The start of this spring semester marks an exciting time for the Class of 2015. We have started our last semester of classes here at UD. In a few short months, we will begin our full-time clinical rotations at various sites around the country. Just this week, we started a 50-day countdown till the end of the semester. We have a card for each remaining class day containing a memory of our time here at UD that we flip over and read. The Class of 2015 has had an incredible journey so far, and the light at the end of the tunnel is in sight. However, we still have work to do.

We are finishing up our didactic portion of the curriculum with our spine and pediatrics classes. We received a taste of the basics of spine classification and treatment during our orthopedics class last summer and now we are delving into each section of the spine in more detail. Again, we had 1 lecture on pediatrics during applied physiology last spring and we are building

on that this spring. The ELC has been a great resource for us to observe and interact with children as we learn about the different aspects of child development. The last group of students are completing their S&O, NOA, or pediatrics integrated clinical experiences (ICE) this spring as well. These have truly been great tools for us to gain experience working with patients while improving our critical reasoning, communication, and manual skills. Finally, a group of students is taking a sports elective class this spring for those interested in a sports and orthopedics setting.

As always, we are working hard in our efforts in the Marquette Challenge to raise money for the Foundation for Physical Therapy. We are excited to announce we will be hosting a CEU course titled “Application of Clinical Anatomy: Let Palpation Drive Your Clinical Examination” on July 11 and 12 at STAR. This course will provide health care providers with the ability

to conduct thorough palpation examinations of the upper extremity, spine, and lower extremity, enabling patient diagnosis, determination of the need for additional diagnostic testing, and the creation of a treatment plan. More information will be sent out in the coming months. Please direct any questions to Nick Milton at nmilton@udel.edu.

In closing, the Class of 2015 would like to thank all our professors, office staff, clinic staff, clinical instructors, guest lectures, and teaching assistants for helping us through the journey of the physical therapy program. It’s been a rough ride at times, but one thing is for certain, we are all better for it.

*Nicholas Rech, SPT
President, UDPT
Class of 2015*

NEWS FROM UNIVERSITY OF DELAWARE DPT PROGRAM—CLASS OF 2016

After a fast paced winter session, the Class of 2016 is prepared to begin new courses and take advantage of new opportunities! This semester, for some, marks our first opportunity to treat in our integrated clinical experience in either the sports and orthopedic or neurologic and older adult section of our clinic. While making this jump to treating patients in a real setting can be nerve wracking, we understand and fully appreciate the amount of material we will learn during this invaluable experience, and with the continued support from

the DPT II’s and our faculty, we have been able to adapt to the challenges that have come our way.

With the help of our faculty throughout this semester, we will be planning and hosting a continuing education course for PTs in the area to receive training in clinical instruction. We will also be continuing our Marquette Challenge fundraising efforts for this academic year and will begin planning ahead for next year’s Challenge. This will be the last semester that we will be spend-

ing with our DPT II mentors, therefore we will make sure to make the best of it before they leave for their full-time affiliations!

*Nicholas Milton, CSCS, SPT
President, UDPT
Class of 2016*

CONTINUING EDUCATION UPDATE

STACIE LARKIN, PT, DPT, EVENTS COMMITTEE CHAIR

INTEGRATING SAFE LIFTING TECHNOLOGY INTO PHYSICAL THERAPY PRACTICE

Physical Therapists (PTs) perform patient handling, transfers, and gait training as therapeutic interventions, placing them at high risk for musculoskeletal injuries. Many therapists have declined the use of lifting equipment due to their belief that lifts reduce effectiveness of their treatment sessions and delay the patient's functional independence. There is an opportunity to use lifting equipment to reduce the risk of patient-handling injuries and retain the benefits that extend to the patient's rehabilitation as well.

When lifting equipment is utilized, the risk of injury to both the therapist and the

patient is diminished. Use of equipment in therapeutic intervention decreases the fatigue level of the therapist while making treatment sessions longer and more productive. An added benefit is that the therapist's hands are freed to work closely on facilitating joint motion or stability, instead of guarding and preventing falls. The patient can also forgo the use of assistive devices, allowing for a more functional gait pattern. All of these factors contribute to improved patient safety and diminished risk of falls. This information has produced a growing trend of incorporating lifting devices into patient rehabilitation treatments.

On Saturday, March 14, PTs from Christiana Care shared their expertise on how they have incorporated various lifting equipment in both the acute care and rehabilitation setting (seen above). Demonstrations

with opportunities to practice allowed attendees to appreciate how lifts and slings can be used to improve safety and potentially enhance therapeutic gains. We would like to issue a special thank you to the following PTs for presenting at this course:

- Rick Zock, MPT, CSPHP, CEAS II
- Terri Burgess, MSPT, CSPHP, CEAS II, Injury Prevention Educator
- Jennifer Binkley, DPT, CSPHA, CEAS II
- James Halbert, DPT, Christiana Hospital
- Robin Pearce, DPT, Christiana Hospital
- Christina White, DPT, Wilmington Hospital Rehabilitation Center



ADVERTISE WITH DPTA

DPTA has several [advertising opportunities](#) available on the website and in the chapter newsletter. These were created to increase your facility's reach and communication to chapter members.

Our current opportunities include:

- E-Newsletter (published 3 times per year)
- Website banners
- Continuing education course listings

- [Job listings](#)
- Mailing labels
- Sponsorship (please contact the section for current opportunities)

If you are interested in advertising, visit the DPTA website and navigate to "[Advertise with Us.](#)" Contact us at delaware@apta.org or call 800/999-2782, extension 3159 with questions.

CONFIRM YOUR E-MAIL ADDRESS WITH US!

If you are not currently receiving e-mail communications from us and would like to, please contact us at

delaware@apta.org and confirm your e-mail address.

CALENDAR OF EVENTS

Please be sure to check out the DPTA website for the most updated information about DPTA meetings and activities

April 29, 2015

Title: Your LGBTQ Patient: Providing Culturally Competent Care

Presenter: Delaware LGBTQ Health Equity Task Force: Karla A. Bell (UD) and Tim Rodden (Christiana Care)

Location: Bayhealth Medical Center, Dover, DE

Registration fees: Members: free; nonmembers: \$25

May 21, 2015

Title: Pre-HOD Meeting

Presenter: Cathy Ciolek, DPTA chief delegate

Location: University of Delaware, STAR Health Science Complex. 540 S. College Ave. Newark, DE 19713

July 15, 2015

Title: Summer Lecture Series: Ethics Course and DPTA Social NOTE: this meets the 2-hour ethics training requirement from the state board.

August 5, 2015

Title: Fifth Annual Golf Outing

Location: Maple Dale Country Club Dover, DE

September 23, 2015

Title: September Meeting
Location: Sussex

October 2015

Title: Fall Lecture Series
Date TBD

WELCOME, NEW MEMBERS!

Sarah Bogorad, SPT
Michelle Anne Churchman, SPT
Emily Lin Darling, SPT
Paul Michael Eckrich, SPT
Heather Farkas, PT
Amanda K. Fields, SPTA
Thomas Andrew Holcombe, SPT
Kristin Ashley Lau, PTA
Briana Nicole Lee, SPT
Nicholas Ryan Misener, SPT
Jason Peter Mohacey, PT, MSPT
Gregory Robinson, PT
Kelly Vosburgh, SPT
Kimberly Christine Wilcutts, PT



Bookmark it!

PTNow.org: It's been called the future Google for physical therapy. PTNow provides member access to the most current evidence for patient care, valuable tests and measures, and synthesized summaries showing you how to apply evidence to specific conditions and diagnoses


WWW.PTNow.org