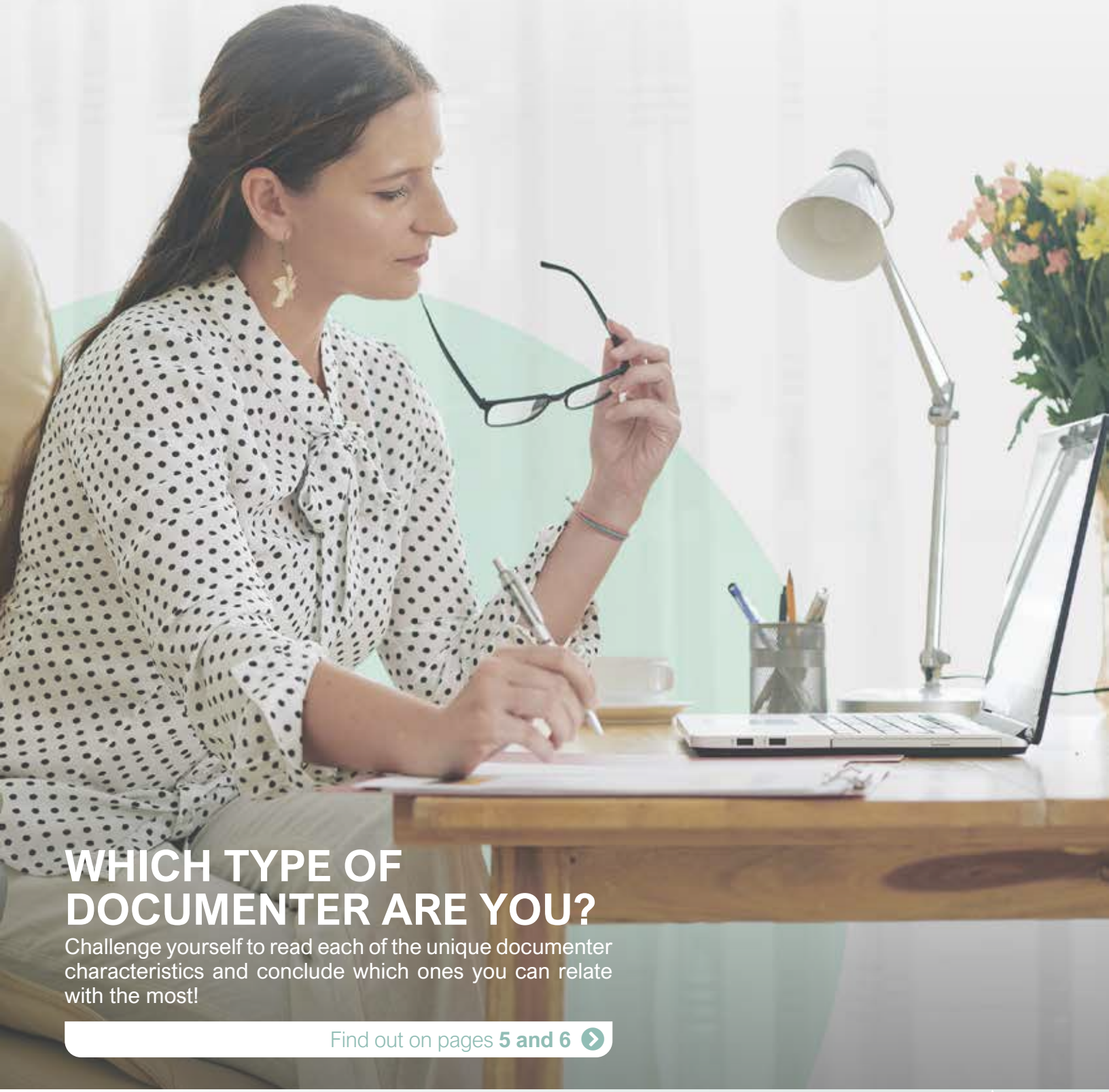
Allstar Therapies

QUARTERLY EDUCATIONAL

NEWSLETTER



WHICH TYPE OF DOCUMENTER ARE YOU?

Challenge yourself to read each of the unique documenter characteristics and conclude which ones you can relate with the most!

Find out on pages **5 and 6**

Q1 2020

A WORD FROM THE EDUCATION COMMITTEE:

The Education and Research Committee was formed to encourage interdisciplinary collaboration, strive for evidence-based practice and stay current with regulatory news. We hope this publication will inspire therapists to ask questions and innovate their every-day practice.

"Education is what remains after one has forgotten what one has learned in school."

– Albert Einstein

Regulatory Resources

by Kelly Patrick

The Medicare Physician Fee Schedule (MPFS) 2020 Final rule resulted in many changes impacting 'outpatient' therapy.

The "Assistant Differential"

Beginning 1/1/2020 a modifier must be applied to all billing claims (outpatient settings) where more than 10% of the service is provided by an assistant (PTA or COTA). This is so that Centers for Medicare and Medicaid Services (CMS) can collect data on the volume of services provided by PTAs and COTA's in preparation for the 15% reduction in payment scheduled to occur in 2022. (Casamba will automatically apply this modifier to claims). If this law remains in place all services provided by PTA's and COTA's will be paid at 85% of the Medicare Physician Fee Schedule rate vs the 100% paid today beginning in 2022.

Payment Reduction

In addition to PT, OT, and ST, 36 professions including (emergency medicine, anesthesiology, audiology, chiropractic, social workers) are targeted for a payment reduction in 2021. If the current law remains in effect, services performed by PT's and OT's will be reduced by 8%, ST by 5%. CMS says future legislation will address these proposed cuts.

CMS Coding Reversal

Effective 1/1/2020 PT and OT evaluation codes could not be billed (on the same day for same patient) as therapeutic activities (97530) and group therapy (97150). On 1/24/2020 CMS reversed this coding restriction allowing the same day billing of these codes.

What is Modifier 59?

Casamba automatically applies this modifier when certain CPT codes are billed on the same day for the same patient. A "59" will appear next to the billed minutes. Modifier 59 is to be used to identify "Distinct Procedural Services." **Documentation must support distinctly different time periods for the billed codes:**

- *Different session*
- *Different procedure or surgery*
- *Different site or organ system*
- *Separate incision/excision/lesion*
- *Separate injury (or area of injury in extensive injuries)*

SLP Supervision of Clinical Fellows and Students

New requirements in effect as of 1/1/2020 for SLP's who supervise clinical fellows and students:

- *1 hour of Ethics training each 3 year certification maintenance period*
- *2 hours of Supervision/Clinical Instruction training (1 time)*

Follow the links below for more information and to access ASHA's free supervision course:

- www.asha.org/Certification/Prof-Dev-for-2020-Certification-Standards
- www.asha.org/professional-development/supervision-courses

Relias has a course that will satisfy the ethics requirement:

Ethics for Speech-Language Pathologists and Audiologists
REL-SRC-0-ESLPA

Any student or fellowship hours obtained from January 1, 2020 forward must be completed under the supervision/mentorship of a certified professional who has completed this supervision requirement.

Get Involved with Advocacy for your discipline!

www.apta.org/TakeAction www.asha.org/advocacy
www.aota.org/Advocacy-Policy.aspx

Treatment Tune-Up

By Tim Kubistek

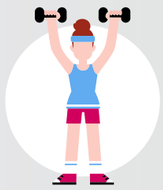
To build endurance in your cardiopulmonary patients, try **Aerobic** and **Anaerobic** Exercise.

AEROBIC

"With Oxygen" or "Cardio"; use large muscles of your body to boost your heart rate for an extended period of time

- *Benefits: Improves cardiovascular efficiency; blood distribution and delivery to muscles; decreased resting heart rate; decreases body fat; strengthens muscles, ligaments, tendons, and bones; decreases anxiety, depression and stress.*
- *Examples: walking, dancing, stair climbing, stationary bicycle with resistance, progressive resistance exercises, wall squats, medicine ball activities*

ANAEROBIC



"Without Oxygen"; brief intense bursts of activity where oxygen demands exceed oxygen supply.

- *Benefits: Builds and maintains lean muscle mass, protects joints, boosts metabolism, increased bone strength and density, improves energy*
- *Examples: marching in place 10-15 seconds intervals, stationary bicycle in 5-10 minute episodes, gait training 5 minute duration, STS transfer training 5 minute duration, Upper body bicycle 5 minute duration*

Heart Month

by Kelli Paulat

Americans and heart disease

- *3 Key risk factors for heart disease: High blood pressure, High cholesterol, Smoking*
- *Almost* **half of all Americans** *(47%) have at least 1 of these risk factors*
- *Heart disease can happen at any age and is occurring at younger ages*

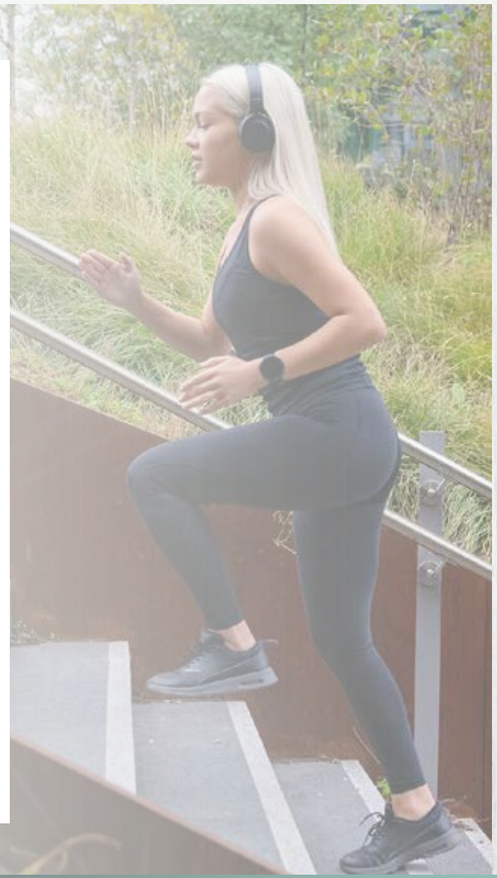
Take control of your health!

- *Don't smoke*
- *Manage chronic conditions- such as high blood pressure/cholesterol*
- *Make heart-healthy eating changes- aim to fill at least half of your plate with fruits/vegetables*
- *Stay Active- aim for 2 ½ hours per week (150 minutes) of moderate intensity aerobic exercise.*

Tip: Try for 30 minutes each day-You can even break it up into 10-minute blocks!

Can't carve out a lot of time in your day?

Don't **chuck** your goal, **chunk** it! Try 10 minutes a few times a day.



What exercise can you do in 10 minutes?

Walk briskly for 5 minutes, turn around and walk back to where you started , Dance (standing or seated) to three songs, Do the stairs instead of riding an elevator

Am I working hard enough?

Your heart beats faster, You breathe harder, and You break a sweat.

Try the talk test: During physical activities like brisk walking, you should be able to talk, but **not** sing. During activities such as jogging, you can't say more than a few words without pausing for a breath

Remember to check with your doctor before beginning any exercise routine, especially if you have a chronic condition.

References

www.cdc.gov/heartdisease/facts.htm

www.nhlbi.nih.gov/sites/default/files/publications/Fact_Sheet_Move_More_508.pdf

www.cdc.gov/features/heartmonth/index.html

MALNUTRITION:

ITS OUR BATTLE TOO

by Tyler Schorr

As rehabilitation clinicians, we all know the important correlation between increasing physical activity and the resulting increase in strength and function in our patients. But, what about nutrition? According to a recent review by healthcare giant Kaiser Permanente, malnutrition in the elderly population might be much more prevalent than we think.

On average, only about 1% of older adults are clinically diagnosed as malnourished each year. However, data collected by The Nutrition Examination Survey (HANES), indicated that 16% of community-dwelling Americans older than 65 years consumed fewer than 1000 calories per day, placing them at high risk for malnutrition. That number jumps to 12%-50% in those who are poor, sick, homebound or have limited access to healthcare. Malnutrition ranges from 12% to 50% among the hospitalized elderly population and from 23% to 60% among institutionalized older adults.

The reason for the prevalence of malnutrition varies. Poor food choices or limited access to nutritious foods, poor nutrient absorption, side effects from medication, poor socioeconomic status and illness can all be contributing factors. Depression can also be an unrecognized and significant cause for malnutrition. In fact, malnutrition often is a clinical sign of depression in the elderly population.

As health care professionals, it is important we identify the possibility of malnourishment and take appropriate action. Think about obtaining a social services referral if financial reasons or lack of access to food is suspected to be the cause. We could also recommend the use of flavor enhancers and eating more frequent meals, nutritional supplements such as Ensure for use between meals (not to replace a meal,) improve protein intake by adding additional meat, peanut butter, or protein powder to the diet, recommend an MD is seen to address depression and adjust or remove medications that can cause appetite reduction or diminished nutrient absorption, recommend an SLP referral to evaluate for dysfunction in swallowing, and address self-feeding deficits w/ adaptive equipment.

If addressed early, nutritional deficiency can be corrected and prevent a further decline in function, decrease the risk of recurrent hospitalization, prevent a transition to an assisted living institution and prevent falls. Increased caloric intake and proper nutrition can also be correlated with better outcomes in our patient populations. In taking a holistic approach to patient care and addressing nutritional status, we can ensure we optimize the benefits of our services.

Reference:

Malnutrition in the Elderly: A Multifactorial Failure to Thrive, by Carol Evans, RNP, MS, MA, The Permanente Journal.

Which type of DOCUM ENTER are you?

by Alesha McCurdy

In the therapy world, it is not easy to manage both providing effective treatment and completing our best documentation. How can we balance the scales to reflect that we can be just as effective documenters as we are clinicians?

First, we need to be honest with ourselves and determine what type of individual documenters we are, as this will help us articulate how we best can change. No matter which habits you have formed, there are ways to elevate your documentation into a clearer picture. Challenge yourself to read each of the unique documenter characteristics below and conclude which one(s) you can relate with the most! Use the associated tips as a starting point to improve and re-focus your documentation.

1. The Savant
If someone were to read your documentation, they may need to google search what half of your terminology means! Use of long-winded, academic jargon may certainly display that you were a top notch student and earned your degree, however it does not help with painting a clear picture for those who are not your peers within your field.

TIPS: Check your language and be sure that if you continue to use academic terms that they are accurate. Include what you mean in layman's terms so that anyone (the patient themselves, insurance companies, family members, your peers, etc.) can interpret your notes.

2. The Generalist
When someone reads your documentation, they likely will not have many details to understand the clinical reasoning for what you did! Broad strokes often leave your reader wondering what the point of treatment really was and how it relates to the overall plan of care. You likely forget to justify what you did with how it relates to goals and functional deficits.

TIPS: Look at the goals before your treatment session. Determine what you will specifically address in your session and clearly draw a connection between your skilled interventions and the functional goal(s) you chose. Details are key!

3. The Tigger
When someone reads your documentation, they will have a tough time connecting all the dots! Bouncing from one topic to another can leave the reader confused and without a sense of direction. You have similar difficulties as 'The Generalist,' however the picture you paint is much more disorganized.

TIPS: Organization will go a long way. Focus on telling your patient's story, which has a beginning, middle, and end. Take the tips for the 'The Generalist' and focus in on the 'what, why, and how' of each goal to keep you focused.

4. The Novelist
When someone reads your documentation, they may give up trying to search for the underlying message! Attempting to find the key points in a sea of knowledge can be exhausting, even for the most dedicated reader. You may find that it is hard to connect the start of care through the end of care while attempting to filter through the excess words. You also may find it difficult to know when to stop writing.

TIPS: When in doubt- BLUF! (Bottom Line Up Front). Write smarter and more concise, not longer. Summarize your findings and focus on the big picture without the extra fluff. Re-read your work, trim off the fat, and replace it only with what is necessary.

5. The Procrastinator
When someone reads your documentation, oh wait, it may not even be there! Work-life balance, a busy schedule, or difficulty in time-management skills makes it challenging to complete our documentation on time. Putting off your work doesn't make it go away, instead, it will only continue to pile up and make you feel anxious and overwhelmed.

TIPS: This is a habit that can be broken. Point of service documentation is preferred, but not always feasible. Form a new routine of setting aside time during or directly after your session to document. Use tools like a note pad (on a computer or pen and paper) for quick notations. The timeliness of your notes directly impacts others being able to do their own work in a prompt fashion. Work as a team.

6. The Independent
When someone reads your documentation, they may question if you listened to the guidelines provided at all! Functional limitations, skilled needs, medical necessity, patient progress, etc…these all are required for a reason. You may find that you don't fully understand what is required within each specific piece of documentation to justify services and your role as a therapist.

TIPS: If you have any questions about what is expected from your documentation, speak with your manager or the clinical educator. Audits are done to ensure key elements are being documented. Constructive criticism helps us all grow, so don't be afraid to ask!

7. The Equalizer
When someone reads your documentation, they are able to gather the exact message you are trying to convey! Writing with clarity, consistency, and directness within a short story that anyone could understand is the way we should all strive to document. You can connect with any reader, helping to obtain successful reimbursement and perpetuating a seamless continuity of care.

TIPS: Share your knowledge and tips with your fellow peers. It is helpful for everyone to collaborate and find what facilitates your ability to achieve this level of documentation.

Learning about new surgical procedures:
ROTATIONPLASTY

by Samantha Geiswite, PT, DPT

Rotationplasty, also known as the Van Nes rotation, was popularized by Van Nes in the 1950s in children with Tuberculosis who had proximal femoral focal deficiency. The Van Nes rotationplasty technique has since grown favor amongst tumor surgeons worldwide as an alternative to endoprosthetic replacement or amputation, either as a primary or alternative procedure (Bernthal, Monument,, Lor Randall, & Jones, 2014).

This surgical procedure is mainly used for children undergoing surgical resection of a malignant bone tumor in or around the knee, however, has been performed on active adults. There is a select group of physicians throughout the United States who perform this procedure, including Shadyside Hospital in Pittsburgh.

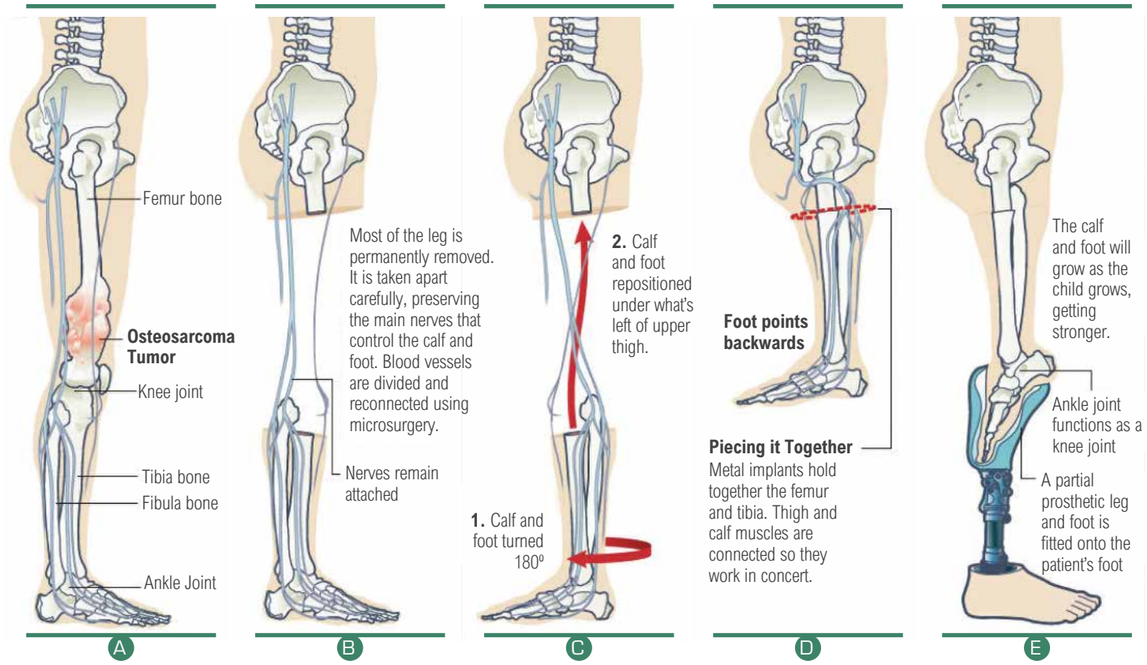
Medical indications for this procedure include; malignant tumors in the distal femur, Osteosarcoma, Ewing's sarcoma, infected prosthetic implants and congenital limb deformities. A main prerequisite is an intact sciatic nerve. The surgery takes 6-10 hours to complete. Then the patient is admitted to the ICU for 24-48 hours to monitor blood supply to the foot. Hospitalization ranges from 5-7 days. Usually the child is placed in a cast, which will remain for 6-12 weeks. Once the bone and incision is healed, the patient can be fitted for a prosthetic (Rotationplasty, 2019).

The surgery involves surgical resection of the shaft/ distal end of the femur bone and proximal tibia. The tibia is then rotated 180 degrees, to form a functional knee joint, which is reattached to the remaining femur. This gives the appearance of a short leg with the foot on backwards. This will allow the patient to wear a more functional and customized below knee prosthetic. The goal of this procedure is to improve quality of life and increase high functional performance (Rotationplasty, 2019).

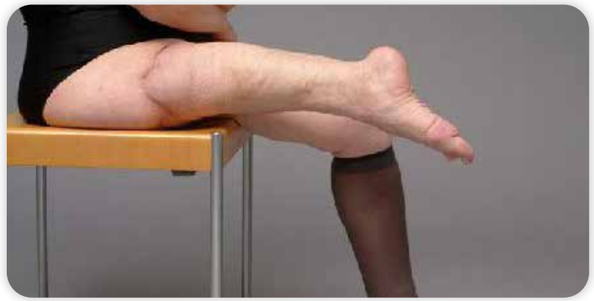
You may be questioning why this procedure versus a conventional below knee amputation? The benefits of this procedure include a functional joint at the level of the knee, which allows for a smaller and more functional prosthetic. This can allow the child to participate in sports and be more independent with activities of daily living. It leads to better clinical results because of the remaining proprioception and flexion/extension movement as compared to an above knee amputation. A disadvantage is the cosmetic appearance, without the prosthetic donned. Like any other surgical procedure there are risks including; infection, nerve injury, delayed healing and/or decreased vascularity (Rotationplasty, 2019).

In a 2014 article in the Operative Techniques in Orthopedics; it was stated "In our experience, we have noted that patients with rotationplasty return to high-impact activities, such as skiing, running, wrestling, and lacrosse, without the inhibition and concern that accompanies our endoprosthesis patients who return to sport".

Currently, rotationplasty is mainly used for growing children, usually under the age of 12, that have a malignant bone tumor as a reconstructive option. The procedure has even been done on someone as young as 14 months, per case report in the International Journal of Surgery in 2013. It is also performed on adults who wish to remain active in high impact sports.



Transforming the ankle into a new knee
Rotationplasty surgery varies according to the location of the tumor. Above is the most common form. Converting the ankle to a new biological knee joint offers better leg control than full amputation with an above-knee prosthetic and more durability than reconstruction using a metal or plastic joint. Patients can run, jump, ski, and cycle.



References

Bernthal, N. M., Monument,, M. J., Lor Randall, R., & Jones, K. B. (2014). Rotationplasty: Beauty is in the Eye of the Beholder. Operative techniques in orthopaedics, 24(2): 103–110.

Bhamra, J. S., Abdul-Jabar, H. B., McKenna, D., Ng Man Sun, S., Gillot, E., & Polluck, R. (2013). Van Nes rotationplasty as a treatment method for Ewing's sarcoma in a 14-month-old. International journal of surgery case reports, 4(10): 893–897.

When Rotationplasty is the Right Fit, Johns Hopkins Medicine News and Publications,

https://www.hopkinsmedicine.org/news/articles/when-rotationplasty-is-the-right-fit

Rotationplasty. (2019, February 17). Retrieved February 7, 2020, from Physiopedia: https://www.physio-pedia.com/index.php?title=Rotationplasty&oldid=209049

Want to be a part of the Education and Research Committee?

Have a contribution for our next quarterly newsletter?

Have any questions?

If so, please reach out to:

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