



American Physical  
Therapy Association  
Of New Jersey

# J E R S E Y Jargon

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## *The President's View*

# Where Have All the Ethics Gone?

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**O**n October 21, 1999 the House Ways and Means Committee and the Senate Finance Committee reported on bills that make much needed modifications in the Balanced Budget Act. These bills include changes to the \$1500 cap, increased payment for home health services, and adjustments to hospital payments. The APTA lobbied extremely hard to get these changes to help ensure patient access to physical therapy services.

As most of us know, there is currently a two year moratorium on the \$1500 cap. I was shocked to learn that many physical therapists in New Jersey do not understand the implications of these changes. It has been brought to my attention that therapists have told their patients:

*"Medicare doesn't have any limitation on the number of PT visits you can have."*

*"You can have physical therapy as long as your doctor prescribes it."*

*"As long as you get a referral, you can come to physical therapy as long as you want"*

Even my own patients have come to me with similar stories. I must explain to them that this could not be farther from the truth! *Medicare is a benefit, not an entitlement.*

For Medicare to cover outpatient physical therapy it must be medically necessary. Medicare will cover services to restore the patient's level of function which has been lost or reduced by illness or injury. The therapy must be **reasonable and necessary** for the treatment of the patient's condition. There must be an expectation that the patient's condition will improve significantly in a reasonable and generally predictable period

of time. The services provided must be of such a level of complexity and sophistication or the condition of the patient must be such that the services required can be safely and effectively performed only by a qualified Physical Therapist or under his/her supervision by a Physical Therapist Assistant. The amount, frequency and duration of services must be reasonable. A treatment plan must be established for all patients. The plan must include a diagnosis, specific short or long term goals, a reasonable estimate of when goals will be reached, and frequency of treatment, as well as the specific treatment interventions.

Physical therapy services performed repetitively to maintain a level of function are not considered eligible for reimbursement. A maintenance program consists of activities that preserve the patient's present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved, or when no additional functional progress is apparent, or expected to occur. Palliative services provided solely for pain relief are not considered physical therapy.

It is my opinion that the majority of outpatients requiring physical therapy can easily accomplish their goals with less than \$1500 of treatment.

The purpose of lifting the cap was to accommodate complicated neurological cases, multi-joint orthopedic problems, and patients whose condition requires multiple episodes of care. The cap moratorium is a test, a way of

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