OUTLINE

Therapy CPT and L Codes

Need to know components of Eval Codes Time-based vs. service-based CPT codes CPT code to bill based on your documentation and purpose of the activity Settings that can be billed for pre-fabricated and custom-fabricated orthotics without needing a DME license

Modifiers

Accurate use of modifier-59 and how to document to support it Differentiate between Column 1 and Column 2 NCCI Edits

NEW! Medicare's "8 Minute Rule" and Post-**Test Billing Scenarios**

Bill the correct number of units for timedbased codes for Medicare and non-Medicare insurance payers

When to bill using Substantial Portion Methodology (SPM) for a time-based CPT code

Initial Evaluation Documentation

Requirements History of current illness/injury

Prior and current functional status Objective data, functional deficits, and functionbased goal writing Plan of care requirements

Re-Evaluation, Progress Reports and Daily Documentation Requirements

- Implement the necessary components of a progress report to: Support the therapy already provided
- The need for continued skilled therapy services

Medical Necessity

Apply strategies to more effectively support medical necessity and skilled services in your daily notes

When re-evaluation is appropriate to perform on a patient, then bill to an insurance carrier

Certification/Re-Certification

Certification and re-certification process for Medicare Part B therapy services Required components of a Medicare certification/re-certification What is considered a timely certification versus a delaved certification

Objectives

- Summarize the required components to bill the appropriate PT & OT evaluation codes.
- Articulate the rationale for the use of CPT and L codes in all outpatient settings.
- Differentiate between column 1/column 2 NCCI edits.
- Explain which CPT code(s) require modifier 59 appended to them on the claim form.
- Describe Medicare's "8-Minute Rule" to bill correctly and optimize reimbursement.
- Define "each 15-minutes" and what is a substantial portion for private insurance companies.
- Implement the necessary components of documentation to support skilled therapy services for payment
- Develop function-based short- and long-term goals based on the patient's functional deficits.
- Recite the definitions and requirements for developing plan of care and the certification/ recertification process.

Live Webcast Details and Live Webcast Continuing Education Credit Information

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7:30 Registration/Morning Coffee & Tea

- 8:00 Program begins
- 11:50-1:00 Lunch: (on your own)
- **4:00** Program ends

There will be two 15-min breaks (mid-morning & mid-afternoon). Actual lunch and break start times are at the discretion of the speaker. A more detailed schedule is available upon request.

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Coding, Billing and Documentation Strategies for Physical and Occupational Therapy Services



Featuring, Rick Gawenda, PT Insurance Billing Expert and Author

Don't leave money on the table... attend and learn:

- Interventions that are included within each CPT code and their payment amount
- Crucial components of the PT & OT evaluation codes
- How to effectively use L codes for orthotics and NCCI edits & Modifier 59
- Master all the necessary components of documentation
- Function-based goal writing and the four components of a goal
- Required elements of a progress report and a daily note
- Certification and recertification requirements under Medicare Part B therapy services

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Staying current with the ever-changing payment and documentation rules and regulations is critical to ensure that you are paid correctly and in a timely manner.

This exciting and up-to-date seminar is your #1 source for PT & OT CPT codes, use of modifier 59, billing and documentation rules and regulations.

Join insurance billing expert Rick Gawenda, PT, and learn how to accurately navigate the reimbursement guidelines and regulations as they pertain to outpatient therapy services. Billing scenarios will be reviewed to ensure you can accurately charge patients correctly for their services for Medicare and non-Medicare beneficiaries. At the end of the day, you will leave with a new found understanding of why claims are denied and how to maximize your reimbursement legally and ethically.

Attend and you will learn how to accurately:

- Bill the appropriate PT & OT evaluation codes using the required components
- Use CPT and L codes in all outpatient settings
- Differentiate between Column 1 and Column 2 NCCI Edits
- Use the new subsets of modifier 59 as they apply to outpatient therapy
- Maximize reimbursement when faced with Medicare's "8-Minute Rule"
- · Code for "each 15-minutes" and what is considered "substantial" portion for private insurance companies
- Implement the necessary components of documentation to support skilled therapy services for payment
- Write function-based short- and long-term goals based on the patient's functional deficits
- Provide the requirements for developing plan of care and the certification/ recertification process

This seminar is applicable to rehabilitation professionals in all outpatient settings, including private practice, hospital-based rehab agencies, comprehensive outpatient facilities, skilled nursing facilities, and even in your patient's home.

"Time and money well-spent! Very informative and 'up to date.' Speaker exhibits strong knowledge and expertise with material."

Speaker

Physical Therapist



RICK GAWENDA, PT, is a licensed physical therapist with 27 years of clinical and consulting experience. A former director of rehabilitation and the founder of Gawenda Seminars & Consulting, he has provided valuable education and consultation to skilled nursing facilities, hospitals, private practices, and rehabilitation agencies in the areas of CPT/ICD-10 coding, billing, PQRS, documentation compliance, revenue enhancement, practice management, and denial management as they relate to both outpatient and inpatient therapy services.

Mr. Gawenda has presented nationally since 2004 and presents approximately 100 dates per year around the United States. He is the author of The How-To Manual for Rehab Documentation: A Complete Guide to Increasing Reimbursement and Reducing Denials and Coding and Billing For Outpatient Rehab Made Easy: Proper Use of CPT Codes, ICD-9 Codes and Modifiers.

Mr. Gawenda is a member of the American Physical Therapy Association (APTA) and Michigan Physical Therapy Association (MPTA). He is a past president of both the section on health policy and administration of the American Physical Therapy Association and the Michigan Association of Medical Program Rehabilitation Administrators.

Speaker Disclosure:

Financial: Rick Gawenda is the founder and president of Gawanda Seminars & Consulting, Inc. He has an employment relationship with Kinetix Advanced Physical Therapy. He receives royalties as an author for HCPro, Inc. He receives a speaking honorarium from PESI, Inc.

Non-financial: Rick Gawenda has no relevant non-financial relationships to disclose.

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By Howard Baumgarten, MA, LPC

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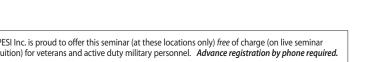
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