

OCCUPATIONAL HEALTH

SPECIAL INTEREST GROUP

GREETINGS OHSIG MEMBERS!

The Combined Sections Meeting February 8-12 in New Orleans offered networking and educational opportunities. It was a great conference with over 9,000 in attendance! OHSIG activities included educational programming, an OHSIG Board Meeting, and the OHSIG general Business Meeting. If you were unable to attend, here are a few updates for you.

Introducing New Officers

Lorena Pettet, VP/Ed Chair
Jill Galper, Nominating Committee Member
Kevin Svoboda, Membership Committee Chair

Current OHSIG Officers

Margot Miller – President
Lorena Pettet – Vice President/Education Chair
Rick Wickstrom – Practice and Payor Relations Chair
Sandy Goldstein – Communications Chair
Kevin Svoboda - Membership Chair
John Lowe – Nominating Committee Chair
Perry Brubaker – Nominating Committee Member
Jill Galper – Nominating Committee Member
Gwen Simons – Advisor
Bill O’Grady – Ortho BOD Liaison

CSM Programming: Every Day Excellence in Workers Compensation: Preventing Needless Disability, Peer Review Gems, Guidelines and Practical Considerations

This 3-hour program was designed to increase physical therapists and physical therapist assistants’ effectiveness in the area of worker rehabilitation. The program covered the latest work rehabilitation guidelines, practice strategies for preventing needless disability, and documentation to quickly and easily demonstrate appropriate care. Various stages of the work comp cycle were discussed, in addition to return to work planning and payment/policy methodologies.

We thank the speakers for sharing their expertise including John Lowe, PT; James Hughes, PT; Nicole Matoushek, MPH, PT, CEES, CEAS; and Chris Juneau, PT, DPT, ATC, EMBA. They offered great insights related to providing work rehab services.

Petition for Specialization in Occupational Health PT

The petition has been submitted to ABPTS. We will share updates as we can. Hats off to the OHSIG BOD for this effort!

Guidelines Update

The Work Rehabilitation Guideline was presented in draft form at CSM. We are hopeful this will be available for members soon; watch for updates. Rick Wickstrom is leading the effort on revising the Ergo guideline; the Ergo Taskforce met at CSM.

Occupational Informational Development Advisory Panel (OIDAP)

We continue to provide feedback to OIDAP (Occupational Information Development Advisory Panel). Rick Wickstrom has spearheaded this effort and we thank him for his continued work.

Need Authors

If you are interested in submitting an article for *OPTP*, please let us know. You can talk with any one of the OHSIG BOD members. We thank Nicole Matoushek, MPH, PT, CEES, CEAS, for her contribution to this issue, *Peer Reviews: Empower Yourself, Improve Your Treatment Outcomes & Reimbursement!* Nicole has over 18 years of experience in physical therapy and the workers’ compensation industry. She currently is VP at Align Networks. She can be reached at www.Align-Networks.com.

Member Involvement

Our goal for this year is to increase the opportunity for member involvement in OHSIG committees and activities. We believe we are stronger through member involvement. We look forward to working with more of you this coming year! We’d love to hear from you. Contact any of the Board members with your ideas/input. You can find the officer listing on the Orthopaedic Section Web site, under Special Interest Groups.

Professional Regards,
Margot Miller PT
OHSIG President

PEER REVIEWS: EMPOWER YOURSELF, IMPROVE YOUR TREATMENT OUTCOMES & REIMBURSEMENT!

By Nicole Matoushek, MPH, PT, CEAS, CEES

INTRODUCTION

If you are reading this article, you most likely treat patients in the workers’ compensation sector and you likely have been involved directly with a Payor representative or Peer Reviewer. This article will discuss how to improve your clinical outcomes and treatment efficiencies, increase your referral stream, and how to potentially increase your reimbursement under the various managed care programs in this industry. This article also offers perspective to better understand the Payor community’s goals; why Peer Review is performed; and how you can improve

the Peer Review experience to benefit you, your patient, and your client (referral source).

As frustrating as it may be to be called away from treating patients to speak on the phone with a workers' compensation Payor representative or Peer Reviewer, or re-do your clinical documentation for them, it is important to understand that you too have something to gain from the experience. If you pay attention to these concepts in this article you will: improve your treatment efficiencies, provide documentation that is useful and objective, provide evidence of the need for continued skilled care, and in some instances improve your reimbursement for services rendered.

THE APTA'S POSITION ON PEER REVIEW

A great starting point when learning about the rules of Peer Review is the American Physical Therapy Association (APTA). The APTA provides Peer Review guidelines for use by the insurance industry. The intent of these Peer Review Guidelines is to facilitate reviews of claims submitted by physical therapists for physical therapy services and to enhance the understanding of reimbursement issues related to physical therapy.¹

The APTA Guidelines for Review of Physical Therapy Claims has 6 categories.¹ As a treating therapist, you should be familiar with these categories and be prepared to discuss, defend, or provide additional documentation regarding any of these categories. The 6 categories and the concepts covered under each category are:

- General: examination, physical findings, impairments associated with condition, interventions, treatment frequency and duration, progress, goals, and treatment planning
- Referral Process: state laws, direct access, direction of care concepts
- Documentation: objective and useful clinical notes, comply with APTA standards
- Interventions: palliative treatments, active regimens, continuance beyond plateau
- Provider Credentials: provided by licensed PT/PTA, any sanctions
- Billing Statements: bill codes/CPT codes, dates correspond to services rendered

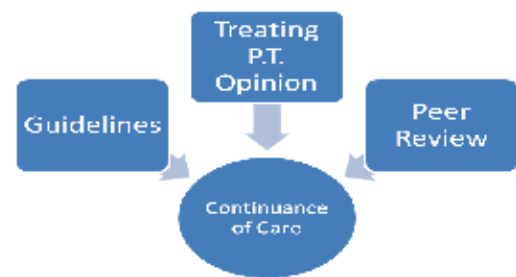
TYPES OF PEER REVIEWS

There are traditionally two types of peer reviews in the workers' compensation industry, a Retrospective Review and a Prospective Review. The Retrospective Review is performed on therapy cases where care has already been provided. This type of review is performed to assess and determine any evidence for ongoing care, determine medical necessity, to identify the appropriateness of care provided, or to identify clinical plateau. This review type can also be used for retro bill review to make reimbursement determinations. The second type of review is the Prospective Review. The Prospective Review is performed on cases where care is ongoing. This review seeks to clarify treatment progress, goals, plan, or rationale for ongoing treatments. It is frequently performed when treatment exceeds published Clinical Guidelines or re-authorization period.

PEER REVIEWS USED TO HELP DETERMINE TREATMENT DIRECTION

Peer Reviews are often used by the Payor or Managed Care Organization to authorize additional treatment or help in clinical decision making processes. In the context of this article, the Payor may be considered the claims adjuster, Case Manager, therapy management network, Peer Reviewer, or other stakeholder. Specifically, the Payor is seeking to clarify clinical status by securing more objective documentation on therapy treatments and patient status. Peer reviewers need to understand physical therapy better than they do, which is where therapists can be an asset. Our assistance can lead to better clinical decision making as well as help peer reviewers determine treatment direction. For example, the Payor may wish to identify or verify clinical plateaus; this should be seen as an opportunity to modify your treatment plan to better fit individual patient needs or the specific goals of the Payor or employer. Next, the Payor may seek clinical rationale for treatment that is in excess of recommended Clinical Guidelines, to verify additional treatment as part of their recertification or reauthorization process, or to identify clinical outliers, which are patients who have a co-morbidity that supports slower than expected progress or longer than expected treatments. Lastly, they may seek to identify opportunities for specialty Return to Work programs such as a Work Hardening, Work Conditioning or Work Transition program, or even a Functional Capacity Evaluation.

Remember, Physical Therapists (PTs) are the experts in identifying eligible candidates for RTW programs; payors rely on us for this expertise! Recall this statement from the APTA regarding the input of the treating therapist regarding clinical decision making: "The public is best served when decision about initiation, continuation, and discontinuation of physical therapy services includes the judgment of the physical therapist who has actually examined, evaluated, and diagnosed the patient."²



THE MIND SET OF THE PEER REVIEWER

It will benefit you if you understand how the Peer Reviewer is thinking. Take a moment to think about what they are trying to achieve. The Peer Reviewer has one foot in clinical practice and one foot in managed care and is continuously seeking ways to bridge this gap. I recall being questioned by my PT peers when I left clinical practice and entered the world of Peer Review and managed care. They called me a traitor for going to the dark side. I responded with my very strong belief that I was now able to improve my clinical skills in a different way and also improve the clinical skills of all the therapists I was in

contact with that allowed me to *serve the profession in a much larger way*. These Peer Reviewers are not your enemies; they are just like you, on your side and always seeking to serve the therapy profession in the grandest way they can.

The Peer Reviewer is serving the PT community by educating and enforcing clinical management philosophies of published, evidence-based guidelines. For example, the Peer Review will be looking for opportunities to apply and enforce clinical management philosophies as per the *APTA Guide for Professional Conduct*, including the following key concepts:

- A physical therapist shall exercise sound professional judgment.
- A physical therapist shall be responsible for the evaluation, diagnosis, intervention, re-examination, and modification of the plan of care; and the maintenance of adequate records, including progress notes.
- A physical therapist shall determine when a patient will no longer benefit from physical therapy services.

Additionally, the Peer Review will be looking for opportunities to apply and enforce clinical management philosophies as per Official Disability Guidelines (ODG), including the following key concepts from the ODG:

- As time progresses, therapist should provide an increase in active regimen of care, decrease in passive treatments.
- Home Exercise Program (HEP) compliance and progression- HEPs should be given day one and updated as patient progresses; this ultimately prepares the patient for the independence from the need for continued therapy.
- Wean visits over time- 3x, 2x, 2x, 1x /week, as opposed to 3x4 weeks for all patients as they improve and don't require frequent hands on interventions.
- Patients should be reassessed at regular intervals (6 visits, 2-4 weeks).
- When treatment duration/visits exceed recommended guidelines, provide objective clinical rationale for continuance of care, note exceptional factor/clinical outlier/co-morbidities.

THE PEER REVIEW PROCESS IS MUTUALLY BENEFICIAL: HERE IS HOW YOU CAN IMPROVE THE PROCESS

The Peer Review process should be a mutually beneficial and positive experience. The following are tips on how you can help make it a mutually beneficial process:

- Provide clear, concise, objective clinical documentation.
- Support your recommendations for ongoing care or RTW program with clinical evidence.
- Be open minded to a collaborative effort-listen to advice.
- Modify treatments or interventions according to shared treatment determinations.
- Understand goals of other stakeholders.
- Bill appropriate CPT codes that reflect care provided.
- Ensure documentation supports billing/CPT codes.
- Become familiar with your state Work Comp laws and regulations.
- Become familiar with your Payor's philosophy in treatment oversight and management.

Peer to peer discussions can be empowering and effective. Below are 10 easy to follow steps that will help you to improve

the Peer Review process so that all parties win!

10 Steps to Improve Peer Review Process

1. Have the patient's chart available.
2. Know what your treatment plan and goals are.
3. Have good communication with the treating physician.
4. Create inherent flexibility into your treatment plan: for example, when you receive "Eval and Treat" orders, deviate from the standard "3x4 weeks" treatment plan; instead use "1-3 x 2-4 weeks;" then provide care based on the needs of the individual patient and get the physician sign off.
5. If the patient is not progressing, it's ok! Speak up! Contact adjuster, MD, CM, referral source.
6. Have a thorough understanding of the patient's work duties and physical limitations; request a job description if you are not familiar with the essential job demands.
7. Make sure the services you provide are skilled and the patient is progressing towards therapy and work goals.
8. Do not feel threatened or under scrutiny; do not be defensive; rather think of it as two master minds coming together for a collaborative plan.
9. Ask the peer reviewer for their insight and expertise; the reviewer can help provide information to solidify treatment plan recommendations.
10. Answer all of the questions of the reviewer.

SUMMARY

All stakeholders involved in the workers' compensation claim (adjuster, Case Manager, Peer Reviewer, Payor/Network) have something to gain, including you! Respect the timelines and requests for additional information; this empowers the Payor to make better decisions about continuance of care. Remember, they may not be a therapist and may not understand therapy or your documentation. When you help them, they will help you, and this ultimately helps your patient. Finally, Peer Reviews should have the *goal of a noncontentious clinical care dispute resolution—we are all on the same team!*

REFERENCES

1. APTA Peer Review/Utilization Review Resource Guide, March 2002.
2. APTA Position HOD 06-99-22-28.

Nicole Matoushek has over 18 years of experience in physical therapy and the workers' compensation industry. She currently is VP at Align Networks. She can be reached at www.AlignNetworks.com.