

The Q and A references below are based on the version of SB11 that is published on the Kansas Secretary of State's web site in the Kansas Register, Vol. 26, No. 20, May 17, 2007, pp. 848 – 849 (http://www.kssos.org/pubs/register/2007/Vol_26_No_20_May_17_2007_p_801-864.pdf). This statute went into effect on May 17, 2007 when it was published in the Kansas Register, but it is not yet on the Kansas State Board of Healing Arts web site (www.ksbha.org). The citations below are based on the Kansas Register version of SB11, but the citation numbers (not the content) will likely change once the final version of the statute is published on the Kansas State Board of Healing Arts web site at some point in the future.

Q: I am a PT and work part-time providing PT services in a fitness center. If I have a man walk in who wants to see me for a general fitness program can I see him if he then tells me he had back surgery nine (9) months ago?

A: If the fitness program he wants to receive were general in nature and not specifically for his back, then this would be fine. In addition, if his physician has released him and he has no restrictions in relation to his back injury, then you would be free to provide him with a general fitness program. (*Sections 21c and 21c2*)

Q: If a person comes into my clinic wanting an exercise program specifically for her shoulder that has been hurting for the past two weeks, can I give that to her?

A: Based on the direct access portion of the statute, if this patient was referred by a physician (or anyone who can refer to PT's in Kansas) and was treated by a PT within the past year for the same thing, then you could see this person as a PT patient without her having to return to her physician first. Just be sure to send a copy of your evaluation to the physician within five (5) business days of the first visit as per the statute. (*Sections 21b1 through 21b4*)

If a PT did not see this patient in the last year after being referred by a physician, then the recommendation would be to first refer this patient to her physician for workup. The reason is that she is seeking care for a specific condition and not general wellness education. (*Sections 21c and 21c2*)

Q: Do I still need to have a signed plan of care to bill insurance under the new limited direct access statute?

A: Not unless you have an insurance contract that requires it, or if the insurer has a policy that requires you to submit a physician's referral. If you have no such requirements from your commercial insurers (e.g., non-Medicare insurers), then you should not need a physician's referral to receive payment.

Keep in mind that Medicare does require a signed plan of care (different from just a referral – refer to Medicare rules and regs) for each thirty (30) day course of treatment.

For children being treated under IEP's and IFSP's, if Medicaid requires a signed physician referral then that would need to be secured by the PT.

Q: If I have an IFSP for a pediatric patient, do I need to secure further physician referrals for PT? In addition, if an IEP specifies that PT is required, do I need to secure a physician referral?

A: Since you have an IFSP in place for this child, you may provide PT services without referral. The statute does not say that the IFSP applies only to those required for the Department of Education. As far as your second question, a PT order is not required for special education students if the IEP specifies that PT is required. (*Section 21d*)

Keep in mind, however, that if your *payor source* (e.g., Medicaid) requires a physician referral in order for you to be reimbursed, then you will need to secure a physician referral.

Q: How do I know if the first PT who treated the patient for shoulder pain used the same diagnosis code that I selected after the evaluation for recurrent shoulder pain?

A: If you or a therapist in your clinic did not treat the patient, it is recommended that you contact that PT to determine what s/he treated the patient for. If that is not possible, you could contact the physician who referred the patient to get that information. Keep in mind that you may have to have the patient sign a Release of Information in order for those clinics to feel comfortable giving you any information given HIPAA rules/regulations. (*Sections 21b1 and 21b2*)

Q: If the patient had a referral from a physician for PT dated June 12, 2006 but didn't start PT treatment until July 15, 2006, can I start to treat again for the same problem as of July 1, 2007?

A: No, your year period would have ended on June 12, 2007. The statute reads, "The patient's referral for physical therapy was made within one year from the date a physical therapist implements a program of physical therapy treatment without a referral." As such, since the physician *referral* was dated June 12, 2006, the one-year period following that referral would end on June 12, 2007. In order to begin treating that patient after June 12, 2007 another physician referral would be required. (*Section 21b2*)

Q: If the previous therapy referral was for motor planning problems in a patient with Parkinson's disease and the patient fell, six months later without any fracture but with joint pain, can the joint pain and soft tissue pain be treated since the cause is from the imbalance and motor problems of the Parkinsonism?

A: If you are treating the pain specifically and not the symptoms of Parkinson's then you should first refer the patient to a physician for workup. (*Section 21b3*)

If the scenario changed to the patient falling without injury and he wants to return to therapy to improve his gait and balance skills to prevent future falls, then you can treat this patient again without a physician referral since it falls within one year from the date of the last physician referral for the same problem. (*Sections 21b1 through 21b4*)

Q: Regarding the requirement to send documentation to the physician within five (5) business days of evaluating the patient, what if the patient is in the process of changing physicians and has not yet seen the new PCP (has an appointment scheduled but is more than five days from the PT evaluation visit)? Do we still send the notes to the new PCP even though the patient does not have a chart there yet, or to the past physician or both?

A: Since the new PCP has not yet entered into a formal physician-patient relationship (the patient may change his/her mind and cancel the appointment), the recommendation is to send the documentation to the previous physician since that was the physician who initially referred the patient to PT. If the patient does indeed establish a relationship with the new PCP then you can also send your reports to that physician later. (*Section 21b4*)

Q: I have been treating a patient who fits the parameters of the access language in the statute (referred by a physician for PT, was seen for PT within the past year, etc.), however, this patient has only one visit left but it falls on day 31 since her PT evaluation visit. Since it is so close to the 30-calendar day cutoff, can't I just finish her course of PT without getting a physician referral?

A: No. The statute is clear in that the period a patient can be treated without a physician referral is thirty (30) calendar days from the date PT was initiated. There are only two options: 1) change the patient's appointment so it falls on day 30 or before, or 2) secure a referral from her physician (or other provider allowed to refer to PT in Kansas). (*Section 21b4*)

Q: I have been asked to perform a workstation analysis for a computer technician who has carpal tunnel syndrome. One request is for me to establish a PT exercise plan for him specifically for his carpal tunnel syndrome. Can I do that under this statute?

A: Wellness services can be provided without a referral when they "do not constitute treatment for a specific condition, disease or injury". Since the request above is for a PT exercise plan (e.g., treatment) for a specific condition (carpal tunnel syndrome), that would fall outside the parameters of this statute and a physician referral would need to be secured.

If the request was for a workstation analysis to establish appropriate ergonomics so as to *avoid* the computer technician developing carpal tunnel syndrome, that that is allowable under this statute. (*Sections 21c and 21c1*)