

Industrial Rehab 2020

By Jim Mecham, MS, OTR/L, AEP

Executive Summary

An industrial rehabilitation program need not be seen as just a specialty program. In many cases, a program can be blended easily into your practice. If your practice has at least 10 percent workers' compensation patients, there are simple steps you can take to capture one of the best payors in your market.

Are functional capacity evaluations (FCEs) profitable? Why do private practice owners think FCEs are the first step to starting an industrial rehab program? Many private practice owners have seen a decrease in FCE and work hardening/conditioning referrals. What can you do to correct this?

When treating the workers' compensation patient, why do therapists concentrate on musculoskeletal goals/reassessments while omitting function? Medicare documentation requires addressing function, so why don't we do this for the workers' compensation client? Why do therapists communicate only with the physician in regard to the workers' compensation patient's progress? What about the employer, the one ultimately paying the bills?

Private practice owners who are mildly interested in implementing industrial medicine programs may be hesitant because they do not know if they will receive referrals and generate revenue. But if your practice sees 10 percent or more outpatient workers' compensation patients and you do not perform industrial rehab, you are missing the boat for financial success.

Workers' compensation insurance reimbursement is increasing in 95 percent of the country. The most successful private practices specialize in treating workers' com-

pensation patients primarily because of their focus on providing high-level services within the best paying insurance.

A traditional therapy practice treats workers' comp patients from initial evaluation to discharge while focusing on range of motion and strength. A clinic that specializes in the treatment of injured workers treats functionality from the initial evaluation and discharges these patients only when they are ready for full-duty return to work.

The most challenging aspect of working within this field for the past fifteen years and discussing its implementation into a private practice has been owners treating industrial rehab as a secluded specialty program. However, when they understand that they should be treating workers' compensation patients as if they were in an industrial rehab program from the initial evaluation, their clinics become local specialists in the treatment of injured workers and will ultimately reap significant financial success.

Several years ago, I implemented industrial rehab into a fifteen-clinic private practice. To accomplish the owner's financial goals, we had to ensure that the company's culture supported this program. Seventy-five physical therapists needed to be trained to implement the industrial rehab philosophies, starting with their initial evaluation, which needed to focus immediately on return to work and provide reassessments that functionally tested patients during outpatient therapy. These physical therapists were not going to be the industrial testers but needed to specialize in the treatment of the injured worker during traditional outpatient therapy.

The first step was to create a form to be used during the first visit, in which patients documented the functional aspects of their jobs. These forms became the basis for the

INDUSTRIAL REHAB 2020, continued on page 21



physical therapist's long-term return-to-work goals. Rather than write a musculoskeletal progress note to the physician during therapy, the physical therapist tested the injured joint or body part to assess functional progress.

The success of this program did not rely on the hope that doctors would start referring FCEs or work hardening/conditioning patients. This approach allowed clinics to start billing for industrial rehab services immediately because of the implementation of progress notes and discharge summaries that highlighted the injured worker's functional status.

When clinically appropriate, the physical therapist performed a functional test on the injured joint or body part to see how close it was to full-duty return to work. This testing does not require insurance approval or a physician's order, since its performance does not differ from a musculoskeletal progress note. Functional reassessments can be performed on every outpatient workers' compensation patient, and 99 percent are reimbursed without question.

Following the functional test, a physical therapist summarizes the client's functional return-to-work abilities and makes a return-to-work recommendation. This functional testing helps to determine the next course of therapy, which is usually a rehabilitation recommendation that supports work hardening/conditioning.

The reports are then submitted to the physician, insurance company, and employer. Yes, the employer! You would never send a musculoskeletal progress note to an employer, but a progress note emphasizing job-specific function speaks the language an employer understands. In turn, the clinic is marketing its workers' compensation specialty to employers, who appreciate a document that speaks their return-to-work language. In my experience, injured employees returned to work faster and employers saw the private practice as a local specialist, which opened discussions about other cash-based services the practice offered.

The most profitable aspect of this functional approach included an immediate proactive referral base to the work hardening/conditioning program. Twenty percent of the clinics' outpatient workers' comp patients were self-referred to this program secondary to the treating physical therapists' focus on return-to-work function. Although many physical therapists continued to test the musculoskeletal improvements, they discovered that even with 5/5 strength and full range of motion, patients still couldn't perform the functional aspects of their job. Once they realized this, the objective functional testing supported a work hardening/conditioning recommendation, and insurance carriers had little cause for denial.

Clinics interested in implementing industrial rehab into a practice often express investment concerns and fears that they won't receive patient referrals. But these concerns are groundless. If you already treat workers' compensation patients, you

can perform these tests today and begin making a return on an industrial rehab program investment immediately.

Functional progress notes and discharge summaries can be performed by physical therapy assistants, certified occupational therapy assistants, and certified athletic trainers, and can be billed using CPT 97750 (physical performance test and measure). The charge ticket for this reassessment is 50 to 100 percent higher than a normal ticket.

Private practice owners should take a hard look at their industrial rehab programming. Clinics throughout the United States have reported a decrease in industrial referrals. This proactive industrial rehab approach may boost your referrals and significantly enhance it financially. Within the first year following the implementation of this innovative approach, clinics on average see a 400 percent increase in industrial rehab revenue. If you want to increase revenue and maximize reimbursement, you must improve workers' compensation services by setting specific return-to-work goals and assessing return-to-work function during outpatient therapy. ■

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