

Resource Guide to...

CREATE A WELLNESS PRACTICE THAT THRIVES

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Disclaimer

- This content does not imply consulting or legal advice
- Please check with your healthcare lawyer, biller, consultant, etc

Therapy - Wellness Model

Examples

1. Therapy and Wellness services delivered at the same location
2. Wellness services only, delivered by therapist
3. Health Promotion managed by a therapist, delivered by unskilled personnel
4. Online wellness and/or education services delivered by a therapist
5. (NEW?) Health coaching in person or online

Options For Starting

- Within your current practice, system, or organization
- As a side gig
 - Start as a sole proprietor, DBA, or professional corporation (requirements vary by state)
 - May need to report this business to your full-time employer



Wellness Checklist



1. Intake Documents about Wellness and/or Therapy
2. Waiver
3. Consent form
 - Medical, financial, photo, etc
4. Voluntary ABN (if Medicare beneficiary)
5. Client intake paperwork
6. Screen / Assessment

Wellness Sample Statement

- For your wellness clients, provide similar points in your intake paperwork *drafted by your lawyer* (the following are meant as a guide):
 - Scope of wellness services (what is being included as wellness)
 - You are **not** doing structured physical / occupational therapy
 - Scope of practice
 - You are a PT/OT and able to work within your scope of practice doing wellness and physical/occupational therapy techniques for wellness
 - You are not expanding your scope of practice

Therapy Sample Handout

- For skilled therapy patients, provide a handout with similar points (*meant as a guide*):
 - Skilled physical/occupational therapy is a service covered by Medicare
 - In order to meet medical necessity requirements and have your therapy covered by your Medicare benefits your therapist must be able to:
 - Demonstrate that a level of complexity or skill is required
 - Provide 3 functional goals (not recreational or performance-based)
 - Your therapy must be completed in a reasonable time frame (usually 6-8 weeks with some exceptions)

Therapy Sample Handout

- Additionally, in order to demonstrate that we are meeting medical necessity with your skilled therapy, you must demonstrate the following:
 - Self management – you are participating in the home program and/or other exercise or fitness in addition to your physical/occupational therapy services
 - Progress toward goals
 - Commitment to the plan – you are attending the appointments set by your therapist or providing 24-hour notice for cancelations

Therapy Sample Handout

- Medicare does NOT cover:
 - Wellness, fitness, yoga, Pilates, recreational activities, performance, repetitive exercises that reinforce previously learned skills (etc / your fitness programs)
 - Exercises from your therapist that you should be performing at home. Note, not having a person to help you at home to help does not qualify you for additional covered therapy.

**Have your lawyer review your document*

Recommended Paperwork

- Waiver and Consent Form Should Include:
 - Signed consent to participate in health and wellness program, not structured physical/occupational therapy
 - Medical clearance statement
 - Signature agreeing to financial responsibility for services
 - Your agreement to maintain privacy
 - Injury clause
 - Consider including photo release agreement

Check with your Healthcare Lawyer!

Recommended Paperwork



- Client Intake Form Should Include:
 - Personal contact information
 - MD contact information
 - Check box saying “I am cleared by my physician to participate in a fitness, health and wellness program”
 - Health history: surgeries and diagnoses
 - Additional questions you’d like to know about them
 - Weight, health goals, biggest struggles, amount they are exercising now, pain, current and past injuries, etc

Recommendations for Therapists Doing Wellness

- HIPAA?
 - Use best practice and maintain privacy with Protected Health Information (PHI)
 - Wellness is cash pay not restricted to HIPAA compliant processes/systems

<https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/Downloads/CoveredEntitiesChart20160617.pdf>

- Medicare Advance Beneficiary Notice
 - Voluntary ABN – Highly recommended DO THIS!

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/ABN_Booklet_ICN006266.pdf

Medicare ABN: TOP OF PAGE

A. Notifier:

B. Patient Name: **Suzie Adorable**

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. Wellness below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. Wellness below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
Wellness: PD Group exercise class	Noncovered Service	\$30/class, ongoing

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. wellness listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Medicare ABN: BOTTOM OF PAGE

G. OPTIONS: Check only one box. We cannot choose a box for you.

OPTION 1. I want the **D.** _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

OPTION 2. I want the **D.** _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

OPTION 3. I don't want the **D.** _____ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information: **NOT REQUIRED FOR VOLUNTARY ABN**

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:

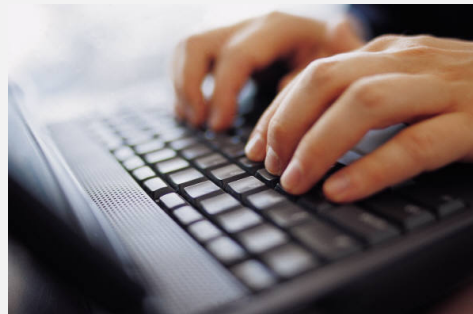
J. Date:

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Documentation Recommendations

- Documentation
 - Initial fitness assessment. Screen to ensure safety or need to refer to PT/OT or MD
 - Daily note with date, attendance list, basic itinerary of what was done or checklist



Sample 1:1 Wellness Note

Date:

A: No issues to report

Client name: _____

S: Client reports he is ready for exercise.

P: Continue to work on endurance and strength

O: Performed:

3x10 Lunges

3x10 STS

Walked on TM x20 min

-Erin Gallardo, PT, DPT

Sample Group Wellness Note

Date:

Class: PD High Intensity Exercise Class

Attendance: _____

(Add flow sheet or chart of routine performed)

Notes: AA reported feeling dizzy. Improved with water break and resumed with no complaints.

Wellness Sample Conversation

- The conversation around wellness with your clients/potential clients can go something like this:

“Although I am a licensed physical/occupational therapist, what I am providing to you are **exercised-based recommendations and activities**. I am not currently offering physical/occupational therapy services that would be reimbursable by your insurance. I’m going to be working with you more on your **overall fitness**. Because I am a PT/OT, some of what we do will look similar to things you might do in therapy, but our overall goals and approach are **exercise and fitness-based**. If I think you need PT/OT or medical care, I’m going to refer you to someone who can provide that.”

Ask Yourself...

- Am I using skills and expertise that only a physical/occupational therapist can provide?
- Am I working on something specific such as an injury, diagnosis, or condition?
- Do I have specific goals with this treatment that are related to a particular condition or necessary function? (ex, pain reduction, addressing acute falls, ROM of a specific joint, home mobility)
- Does this person have goals that are based on exercise, activity levels, recreation, overall wellbeing, comfort, or confidence?
- Could someone else realistically provide what I am going to do?
- Would a reasonable person look at what I am doing and agree with me?

Free Email Resources

- **Email marketing options:**

Sendinblue (www.sendinblue.com)

Mailchimp (mailchimp.com)

Benchmark (www.benchmarkemail.com)

OmniSend (www.omniscend.com)

Sender (www.sender.net)

MailerLite (www.mailerlite.com)

Free Start Up Resources

- **Accounting:**

Wave (www.waveapps.com/accounting)

Google Sheets

- **Documentation:**

Google docs and sheets

Paper

Resources

- Medicare Advanced Written Notices of Noncoverage booklet: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/ABN_Booklet_ICN006266.pdf
- APTA: www.apta.org/PreventionWellness/
- Medicare Billing for (Mostly) Cash Based PT, OT, SLP Providers Group on Facebook
- UpDoc Media podcast mini series
 - <https://updocmedia.com/practice-compliance-podcast-mini-series/>
- Zero to Paid: Learn Medicare Billing by Anthony Maritato, PT
 - <https://www.learnmedicarebilling.com/>
- 8150 Advisors – Robbie Leonard
 - <http://www.8150advisors.com/>
- Rick Gawenda Webinars and Seminars
 - <https://gawendaseminars.com/>
- HIPAA Covered Entity Guidance Tool
<https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/Downloads/CoveredEntitiesChart20160617.pdf>

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- <http://www.apta.org/PreventionWellness/>
- <https://www.globalwellnessday.org/about/what-is-wellness/>
- <https://www.cms.gov/Center/Special-Topic/Jimmo-Center.html>

Questions?!

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