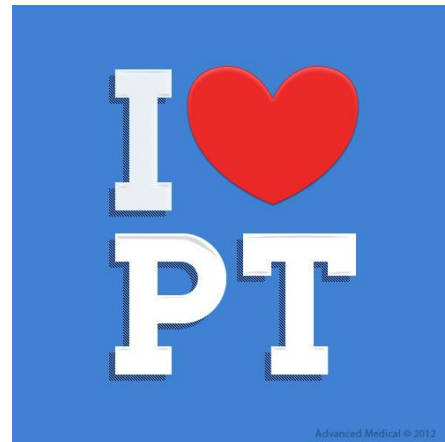


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Are you a WYPTA Fan?

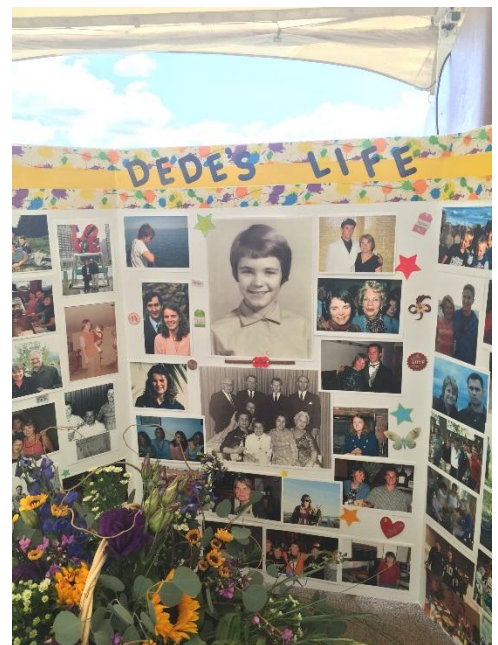
WYPTA Board would like to keep in touch with our members and potential members. Please “Friend” the WYPTA Chapter’s Facebook page so that you can follow some important chapter updates, member activities, as well as see what Continuing Education is being offered in WY by other clinics and the WYPTA. Please contact a board member with your post to share with the community. (We will not be posting job openings as this is done through our website.)

WYPTA Facebook fan page, easily navigated from
www.facebook.com/WyomingPTA

President's Message

I would like to take this opportunity to thank everyone who supported me during this presidency. I am always proud to serve the WYPTA and be WYOMING's representative at our National Conferences. It is amazing how much I learn every year about APTA, House of Delegates, Federal and State Legislative issues, Practice issues, and Reimbursement issues. It makes me aware of the importance of being a member of the APTA and staying up to date with everything that is changing in terms of Federal law with Medicare/Medicaid, Future Payment Changes, Practice Updates, and Legislative issues within our profession and from other professions trying to limit or change our practice as Primary Care Professionals. Being a member of the APTA allows you deeper access to important documents that help with practice. This year while at CSM Component Leadership meetings, I brought along my PT Intern from Clark University. The meetings were an eye opener to her and she realized what it meant to be a member of APTA and the importance of our membership dues as they affect our legislative efforts on Capitol Hill.

Finally, for those who do not know, our own Diana "Dede" McDonald of Jackson, WY died peacefully Friday, March 27th 2015 from an aggressive brain tumor. Dede was an active member of the WYPTA and has been a therapist since 1972 (WOW that's a 42 year career!!). She dedicated her life to children with developmental disabilities, worked with WY Special Olympics and started the Therapeutic Riding program in Jackson, WY. There is now a charitable organization developed by Dede – "Presume Competence of Jackson", a 501 3-C. It aims to continue the work that Dede dedicated her life to and wished so strongly to resume, by providing pediatric therapeutic equipment and support to the greater Jackson Hole community.



Dr. Norene Christensen, PT, DSc, OCS, CLT

[LOOKING FORWARD TO SEEING EVERYONE AT THE FALL CONTINUING EDUCATION/BUSINESS MEETING SEPTEMBER 26-27, 2015. LOOK FOR THE DORIS CHAFFIN AWARD FLYER IN THE NEWSLETTER AND CONTINUING ED OFFERINGS FOR ALL.](#)

2015 WYPTA ANNUAL CONFERENCE

REGISTER TODAY!!!

Mark Your Calendars

September 26 & 27, 2015

McMurry Training Center, Casper, WY

Continuing Education Classes Being Offered

(See Brochures for more information about classes and for registration)

The Cervical Spine: Manipulation to Stabilization and Everything in Between.

- Jeff Schmidt, PT, OCS, SCS, MTC
- Scott Brown, PT, DPT, OCS.

Course Overview: An emphasis on manual therapy and treating headaches. The course is open to PT, OT, and PTA's



The Foot and Ankle: From Pediatrics to the Elderly.

- Patricia Pande, MCLscPT, CSCS, Cped



Course Overview: A focus on treatment techniques for foot and ankle issues spanning the entire lifespan. This class also provides live demonstrations with real patients from the community in which Patricia Pande will set them up with appropriate footwear for free with her charity called "Free Your Feet." This class is open to PT's, OT's, PTA's, orthotists, and prosthetists.

***Special Rate for Current Students- \$75**

LOOKING FOR A FEW GOOD PEOPLE!

WYPTA is looking for people to volunteer for different committees. Having a few committee members on each committee keeps the work load low for everyone. The WYPTA Board recognizes the need for small tasks with deadlines so everyone is capable of helping with minimal time commitment. Please visit www.wypta.org and go to the Executive Committee tab and the Committees tab to see who the main contacts for that committee are and what openings are available. When there is a conference put on by APTA, both APTA and/or WYPTA will pay for your travel! The conferences are very educational and fun to attend.

Overview of Committee Members Jobs:

- **Executive Board:** who knows, you may want to be treasurer, secretary, VP or President too! Or, think about becoming a Delegate and working towards Chief Delegate. You must be an APTA member to serve.
- **Reimbursement:** Attend APTA Reimbursement Forum conference each year and learn about upcoming payment policy changes and help disseminate the information to the membership
- **Membership:** Work on WYPTA membership development within Wyoming.
- **Nominating:** Use your connections to find people to help serve on committees or who may want to run for an executive board position.
- **Finance:** Proposes an annual budget and advises the Chapter on matters pertaining to the financial needs and stability of the Chapter; performs an annual audit and provides an audit report.
- **Ethic:** This committee is in charge of investigating any ethics complaints according to the Association's stated procedures.
- **State Government Affairs:** Attend annual State Government Affairs meeting in September, stay abreast with state issues that affect the practice of physical therapy, be active with legislation issues and disseminate information to the membership.
- **Federal Affairs:** Attend Federal Affairs conference in Washington, DC and talk to the WY Senators and House Representative about issues affecting physical therapy. Disseminating information about federal issues to the membership.
- **Program/Education:** Develop professional educational programming for the WY Chapter during the Fall Education and Business conference.

Wyoming APTA Current Positions

President	Norene Christensen, PT, DSc, OCS, CLT
Vice President	Jeff Rogge, PT
Treasurer	Jason Kamm, PT
Secretary	Taryn Kilty, PT, DPT
Executive Secretary	Kathy Day
Chief Delegate	Mike Jacketta, PT, DPT, OCS
Board Liaison	Nicole Stout, PT, DPT, CLT-LANA

Committee's

Reimbursement Committee	Kathy Blair, Committee Chair
Membership Committee	Taryn Kilty, Committee Chair and Kathy Day
Nominating Committee	Lynda Brown, Committee Chair
Finance Committee	Jason Kamm, Committee Chair
Ethics Committee	Lynda Brown, Committee Chair
State Government Affairs	Kathy Blair, Committee Chair & Norene Christensen
Federal Government Affairs	Lori Grubbs, Liaison
Program/Education	Jeff Rogge, Committee Chair
Chief Delegate	Mike Jacketta
Delegate	Jeff Myers
PTA Caucus	Available

NOMINATING COMMITTEE REPORT

The Nominating Committee is accepting nominations for the following positions to be elected at the Fall Business Meeting, September 26, 2015:

- President
- Vice President
- PTA Caucus Delegate

Candidates must be WYPTA members in good standing for two years preceding election. Please contact Lynda Brown at 307-587-9866 or advrehabcody@gmail.com or Jeff Rogge at 307-432-4175 or jeffrogge@gmail.com.

STATE GOVERNMENT AFFAIRS

State Policy and Payment Forum

Registration will open in July for the 2015 APTA State Policy & Payment Forum. This event is designed to increase your involvement in, and knowledge of state legislative issues that have an impact on the practice and payment of physical therapy, and to improve your advocacy efforts at the state level. Programming will focus on physical therapy payment & legislative issues at the state level and will include presentations on state scope of practice issues, payment issues, state legislative advocacy, Medicaid, infringement

challenges, effective legislative testifying, state licensure issues, and much more! You will hear from influential public policy makers and other physical therapy advocates; collaborate with colleagues in developing your chapter or section's advocacy efforts; and network with other professionals from across the country. Chapter presidents, legislative chairs, reimbursement chairs, chapter executives, lobbyists, students, and anyone interested in state-level advocacy should attend!

Direct Access at the State Level

As of January 1, 2015, all 50 states, the District of Columbia, and the US Virgin Islands allow patients to seek some level of treatment from a licensed physical therapist without a prescription or referral from a physician. However, in many jurisdictions, such treatment is limited by arbitrary

restrictions in state law. These restrictions do not recognize the professional training and expertise of the licensed physical therapist, nor do they serve the needs of those patients who require physical therapy but whose care is unnecessarily interrupted or prevented by these restrictions.

The Interstate Licensure Compact for Physical Therapy

The Problem

The United States is an increasingly mobile society. The impact of this increasing mobility is keenly felt by individuals of professions licensed by the states, particularly those who must travel to multiple states to practice, sometimes at a moment's notice. Currently such individuals often must obtain multiple state licenses to practice. In addition, the increased use of telehealth as medium for the delivery of health care services has presented a conundrum for services delivered across state lines. The combination of increased mobility, changes to the health care system, changes to education (eg, internships and fellowships), and the rise of telehealth has highlighted the need for clinicians to have the ability to practice across jurisdictional boundaries with minimal barriers. As such, various licensed professions such as medicine, nursing, and EMS officials have increased efforts to improve licensure portability. One potential solution that would address both portability issues and allow for the use of telehealth across state lines is the concept of an interstate licensure compact.

What is an Interstate Compact?

According to the National Center for Interstate Compacts, interstate compacts are contracts between 2 or more states creating an agreement on a variety of issues, such as specific policy challenges, regulatory matters and boundary settlements. States have used interstate compacts to address a variety of issues—the most common and recognized interstate compact is your driver's license. For example, an individual issued a driver's license by the state of North Carolina is allowed to drive in other US

jurisdictions provided that they follow the traffic safety laws of the jurisdiction in which they are driving. Interstate compacts make multistate licensure possible, while maintaining traditional state authority. Creation of an interstate compact requires enactment of authorizing legislation from jurisdictions that wish to participate in an interstate compact. Such legislative language must be exactly the same in each state that adopts it; the compact is a legal agreement among the participating states and therefore must be uniform. The legislation is enacted by a state essentially makes the state a signatory to the interstate licensure compact agreement. However, it is important to note that only licensees whose primary place of residency is in a state participating in the interstate compact may use the benefits of the compact, and within only those states that are also participants in the interstate compact. For example, if California and Nevada are both participants in a hypothetical interstate compact for physical therapy, a licensee whose primary residence is in California could provide services via telehealth across state lines to a patient in Nevada. However, if the patient is in Texas, and Texas is not a participant of the interstate compact, then the California licensee would not be allowed to provide services to that patient. Learn more about what an interstate compact is and how it works via a free webinar courtesy of the Council of State Governments.

Development of an Interstate Compact for Physical Therapy

The issue of licensure compacts and portability in physical therapy was brought to the attention of the members of the Federation of State Boards of Physical

Therapy (FSBPT) at their 2010 annual meeting with Delegate Assembly motion {DEL-10-05} directing the Federation Board of Directors "to explore the feasibility of establishing a multistate compact for physical therapy licensure..." Although not a formal motion, in 2011 the Delegate Assembly requested that FSBPT continue to research this topic and any results be communicated to the Assembly. The FSBPT Ethics and Legislative Committee then began exploring the topic of licensure portability, options for improved professional mobility within physical therapy, and potential licensure models. Meanwhile at the 2014 APTA House of Delegates Meeting, APTA adopted a position (.pdf) (See Principle VII) supporting licensure portability models including an interstate compact for physical therapy. In 2014 FSBPT created a task force on exploring the feasibility of an interstate licensure compact for physical therapy. The task force consisted of stakeholders from across the country and included APTA staff and a representative from the APTA Board of Directors. The task force met twice in 2014 and was able to use the experience of other professions who either had developed or were in the process of developing a compact: The National Council of State

Boards of Nursing (NCSBN), the Federation of State Medical Boards (FSMB), and the National Association of State EMS Officials (NASEMSO). The task force recommended that FSBPT move forward with the development of a compact. As a result, FSBPT, in coordination with the Council of State Governments' National Center for Interstate Compacts (CSG), has appointed a "drafting team" composed of stakeholders, including APTA, which will begin the process of formulating the language for an interstate compact agreement that would then be utilized by states via legislation to create an interstate compact for the PT profession. At this time the specifics of what an interstate compact agreement for physical therapy would look like, and what the mechanics of such would entail have not been finalized. The drafting team is scheduled to begin their work in the fall of 2014 and continue into 2015. The drafting team is hoping to have draft compact language ready for stakeholder input mid-2015. Once finalized and approved, state legislatures could possibly begin moving forward with authorizing legislation. In the interim, be sure to check the below resources on this issue. Please stay tuned for updates.

Kathy Blair, PT, DPT, OCS
State Government Affairs

FEDERAL GOVERNMENT AFFAIRS

Sustainable Growth Rate (SGR) / Medicare Therapy Cap Repeal

On April 14, the Senate passed The Medicare Access and CHIP Reauthorization Act of 2015 (H.R. 2) by a vote of 92 to 8 thus repealing the flawed sustainable growth rate (SGR) formula and averting the 21% reduction in provider payments that was scheduled to take effect in April. New law replaces the SGR with an approach supporting alternative payment models and merit-based incentive payment systems with such changes occurring in 2019.

The PTeam

Only 54 WY PTs and PTAs are signed up for PTeam, which is a grassroots program that is a vital link to APTA's success on Capitol Hill. If you are a member of the APTA, joining PTeam is free. You can sign up for notifications via the app or by email, which alerts you to issues and suggests how

Key Contacts

We need key contacts for the WYPTA. Key contacts are APTA members that work with the federal liaison (Lori Swanton) to develop valuable relationships with legislators to increase their awareness of the physical therapy profession. These friendships are crucial to keep Congress aware of the issues that face physical

SGR legislation did not include a repeal of the therapy cap, but only fell 2 votes shy in the Senate. This showed the broad bipartisan support for this patient access issue. Yet another extension of the exceptions process was given through December 31, 2017. Due to the increasing momentum, it is important to continue to speak with our legislators regarding this issue as none co-sponsored the legislation.

The APTA website has further information regarding this and other issues.

and when to contact legislators. In addition, you receive a quarterly newsletter on legislative activity on Capitol Hill and Legislative Action Alerts on federal legislative issues. Please consider signing up; it makes advocacy easy!

therapy both on a daily basis and in the long term. Please contact Lori Swanton (LLG677@yahoo.com) if you have any interest and I can give you more information.

Capitol Hill Day



Nearly 1000 physical therapists and students visited Capitol Hill to discuss issues regarding the Medicare Access to Rehabilitation Services Act (S. 539/H.R. 775), Physical Therapist Workforce and Patient Access Act (H.R. 2342/S. 1426) to include PTs in the National Health Service Corps, SAFE PLAY Act (H.R. 829/S.436) to promote youth sports safety and having PTs on the team developing guidelines, and Prevent Interruptions in PT Act (H.R. 556/S.313) to allow PTs to enter into locum tenens arrangements under

Medicare. Please call or write our legislators regarding these issues as they are fresh in their minds from the visit. I can provide talking points for any correspondence.

Lori Grubbs, PT, DPT, OCS, COMPT
Federal Government Affairs

CHIEF DELEGATE REPORT

The APTA House of Delegates 2015 was a very busy session that included: board of director elections, bylaw amendments, defining and expanding the role of the physical therapist as well as expanding the representation of the physical therapy assistant. There were a total of 23 motions that were presented.

Three motions regarding the Physical Therapy Assistant were discussed this session. Granting components the option of amending their bylaws to allow a PTA a full vote was the only motion that passed. The two motions that failed would have allowed a PTA to serve as a chapter delegate or serve on the national board of the APTA. Bylaw motions that were defeated included expanding term limits for members of the board of directors, allowing sections voting

privileges and granting life members the option of serving as a delegate.

Physical therapists role with regard to diet and nutrition will continue to be that of screening and providing information as well as making appropriate referrals to medical professionals. The APTA will explore the role of the physical therapists as part of the primary care medical team as well as collaborate with other health care providers and organizations to address childhood and adult obesity. APTA will report to the HOD 2016 regarding a plan to use standardized elements of the physical therapy patient/client management model to be included in electronic health records. APTA will progress and advance the delivery of value based physical therapy service.

Adoption of the motion; Management of the Movement was successful, but with significant changes to the original motion. Prescribing medications, ordering imaging and laboratory studies were all voted down after a lengthy debate.

Preparation for the HOD 2016 session will resume in September when the

Western State Caucus resume monthly meetings and continue until the start of the next session. Please contact me if you have any particular concerns about the 2015 session or would like to discuss any concerns related to our profession.

Michael Jacketta PT, DPT, OCS

Chief Delegate

p.s. Designation of individuals with intellectual and developmentally disabled as a medically underserved population pass unanimously.

Talking Points for APTA's Stance on Payment Reform Efforts and Member Support

APTA is disappointed by the recent actions of a few large employers of PTs and PTAs, which decided to stop subsidizing their employees' APTA dues.

- The group of employers has organized as the Alliance for Physical Therapy Quality and Innovation. While not a formal, incorporated organization, the group has a common interest in asking APTA to stop its pursuit of the proposed alternative payment system for physical therapist services.
- APTA is working with 12 other organizations on this initiative to reform health care payment, and yet has been singled out by this alliance as a target.
- The companies in this group announced to their employees last week that they would no longer reimburse for or subsidize APTA membership dues, because of their disagreement with the direction APTA and its 12 partnering health care organizations are taking on payment reform.
- APTA continues to support these members (see final collection of talking points below).

Reforming health care payment from volume-based to a more value-based system is essential. It shifts the focus to patient care, and it is inevitable. If we don't do it, the government will do it for us.

- Current procedural-based payment systems have limited ability to determine the value of services that physical therapists and other health care professionals provide; which means PTs, as well as our colleagues in other health care disciplines, aren't being fairly paid for their services under these systems.

- Payment systems are under reform throughout health care and will be pursued with or without input from the professions being affected. For example, this year’s congressional vote to eliminate the sustained growth rate formula—the SGR—is clear evidence of the direction payment is taking toward being value-based.

- APTA believes we’re better to be involved by working with collaborators to propose a system that best serves PTs and our patients; otherwise, a system may be dictated for us. Waiting for change would not benefit the profession or the individual PTs and PTAs within it.

As the national professional organization representing PTs, PTAs, PT and PTA students, APTA has the responsibility to lead in the areas of public policy and payment systems development, and it is a role we will not relinquish.

- The current health care landscape is changing rapidly, and the need for payment reform across health care is evident. Policy makers and payers alike seek payment systems based on high value services, quality outcomes, and transparency in delivery.

- To succeed in payment reform efforts, we believed we needed to take a leadership role in the process. Our members expect their professional association to work hard—and work smart—toward their best interests. We would be irresponsible to neglect this role.

- APTA will keep engaging with Congress, federal agencies such as CMS, private insurers, and other stakeholders to ensure physical therapist services are paid fairly and equitably, consistent with the clinical expertise of the physical therapist.

APTA has collaborated extensively on payment reform efforts, and the proposal continues to evolve through participation across varied stakeholders.

- The process for transforming the payment system for physical therapy began some 4 years ago, with APTA always believing that more input and expertise from various entities would result in the best possible proposal. APTA has partnered with other rehabilitation associations, organizations, and stakeholders—including the same large employers that discontinued their support of APTA membership for their employees.

- APTA has met regularly with various groups, provided forums at conferences, and via the website invited all interested parties to participate in an inclusive and collective effort. Input from collaborators has, in fact, led to enhancements in the proposal. A recent pilot test also revealed areas for improvement. The proposal will keep evolving as more data, more feedback, and more expertise are shared. Information is available at www.apta.org/PTCPS.

- The process for the physical therapy payment reform proposal is in the initial stages of implementation. The evaluation codes are going through the valuation process starting with random surveying of APTA members and submission to the AMA Relative Value Scale Update Committee (RUC). The expected implementation date of the revised evaluation codes is January 1, 2017. Further decision on the intervention codes has been deferred pending further study.

APTA and its chapters and sections offer their full continued support to members, wherever they practice, and hope PTs and PTAs see the value in all of the benefits of belonging to their professional association, beyond the work we're doing in payment reform.

- It's unfortunate that these few large employers chose to cease their support of dues and recommending that employees drop their APTA memberships—in an effort to gain control of payment reform efforts. The employers have essentially chosen to limit support for their employees' professional growth and engagement in the physical therapy community by this action.
- Members also lose the value-added benefits of their chapter and section membership, as they cannot belong to a component without being an APTA member.
- APTA hopes PTs and PTAs will use their professional judgment in assessing the value of APTA membership to their professional growth and success. We want to help them remain a part of the organization that is committed to advancing the profession in which they invest their time, expertise, and finances to serve individuals and communities, regardless of where they practice.
- While payment is an important issue for the profession, it's but one area of support that APTA provides to its members. We hope that in deciding to remain with or join APTA, PTs and PTAs will consider the abundance of other benefits of membership. Access to the foremost in research literature through PTJ, evidence-based practice tools such as clinical practice guidelines, and high-quality continuing education options—many free to members—are a few benefits that members tell us they value highly, in addition to representation on Capitol Hill.
- We are always better together. This means that working from within the association—as engaged members, as leaders, as participants on committees and in other groups, and as part of state chapters and specialty sections—brings about the best advances for each PT and PTA, for the profession, and for society.
- APTA is here to help. We encourage members to contact us with any questions or concerns.

QUESTIONS AND ANSWERS

WHAT AND WHY?

What is APS?

APS, or [Alternative Payment System](#) was the original name of the coding system proposed by APTA to revise the current physical medicine and rehabilitation CPT codes. Its goal is to move away from a procedure-based coding system to a more bundled, per-session system. The new coding system takes into consideration the severity of a patient's condition and the intensity of services provided by the physical therapist, with the goal of better reflecting physical therapist practice.

What is PTCPS?

PTCPS stands for [Physical Therapy Classification and Payment System](#). In 2012, an Alternative Payment System Task Force appointed by the APTA Board of Directors changed the name of the new coding system from APS to PTCPS.

Why is APTA developing a new coding system?

Increasing regulatory and legislative burdens on physical therapy providers spurred APTA to more aggressively pursue alternative payment and coding methods to help reduce and prevent policies such as the multiple procedure payment reduction. At the same time, APTA recognized that the health care system is in the process of transitioning from a system based on the volume of services to a value based system. Revising the physical medicine and rehabilitation codes from a procedural-based system to a per-session coding system, is a step toward positioning physical therapy as an integral component of the new value-based health care system.

To which providers and settings will these new codes apply?

The new CPT codes will apply to physical therapists and others providing outpatient therapy services described by these codes that are billed to third-party payers using CPT codes.

How is the new coding system different from the current coding system?

The new coding system will eliminate the procedure-based coding system and replace it with a per-session coding system. This means that in most cases physical therapists will bill 1 code per treatment session. There will be exceptions, however. For example, a physical therapist will be able to bill an evaluation or reevaluation code with an intervention code if that is allowed by the payer. Some existing codes will remain [separately reportable](#), meaning they can be billed with an intervention code under this per-session system. It will be important to check with payers in the future regarding their policies for billing physical therapy services.

What are the benefits of moving from a procedural-based coding structure to a per-visit coding structure that is based on patient severity and intensity of services?

The new per-session codes will better describe the work involved in providing physical therapy services because they will reflect the severity of the patient's condition and the intensity of the services provided. Per-session codes will alleviate challenges associated with edits, such as correct coding initiative (CCI) edits and multiple-procedure payment reductions.

COLLABORATION

Has the Centers for Medicare and Medicaid Services (CMS) proposed a new payment system for outpatient physical therapy services under Medicare?

Not at this time. In 2014, however, CMS was charged with identifying misvalued codes and reducing reimbursement to meet certain budgetary goals. In the 2015 proposed fee schedule rule, CMS identified several physical medicine and rehabilitation codes as being misvalued, including codes 97032, 97035, 97110, 97112, 97113, 97116, 97140, 97530, and G0283. CMS has also issued several reports that discuss potential options to consider for alternative payment for therapy services in the future.

Is APTA engaging in discussions with CMS regarding the new coding system?

Yes. CMS has a seat on the American Medical Association's (AMA) Current Procedural Terminology (CPT) Editorial Panel, as well as the Relative Value Update Scale Committee Health Care Professionals Advisory Committee Review Board (RUC HCPAC), and is aware of proposed changes to the physical medicine and rehabilitation codes. APTA has met with CMS on several occasions to update the agency on the progress of the new coding system and incorporate CMS feedback.

What is the Current Procedural Terminology Editorial Panel and what does it do?

The Current Procedural Terminology (CPT) Editorial Panel is responsible for ensuring that CPT code language remains current and reflects the latest medical care provided to patients. The panel meets 3 times per year to review new codes and update existing codes. The CPT Editorial Panel solicits input from providers, medical device manufacturers, developers of diagnostic tests, and advisors from more than 100 societies representing physicians and other qualified health care professionals. For more on the panel and the CPT process, visit the AMA's webpage.

What is the Relative Value Scale Update Committee and what does it do?

The Relative Value Scale Update Committee (RUC) is part of the AMA and is the body that makes recommendations to CMS regarding the value for new and updated codes. The RUC only makes recommendations relating to the work value and a portion of the practice expense for CPT codes. CMS has a formula for determining the full practice expense and the malpractice values of the codes. For more information about the RUC, visit the AMA's webpage.

What is the Health Care Professionals Advisory Committee Review Board and what does it do?

The RUC Health Care Professionals Advisory Committee (HCPAC) was created by the AMA to allow nonphysician health care professionals to participate in the development of relative values for new and revised CPT codes. Organizations representing physician assistants, nurses, occupational and physical therapists, optometrists, podiatrists, psychologists, social workers, audiologists, speech-language pathologists, chiropractors, and registered dieticians are included on the review board.

Has APTA engaged commercial payers in discussion regarding the new coding system?

Yes. APTA has engaged commercial payers—both individually and at the association's annual Payers Forum.

What other associations are collaborating with APTA on changes to the system?

APTA is working with the AMA and 12 provider groups that bill physical medicine and rehabilitation codes on the new coding system. These entities are the American Occupational Therapy Association (AOTA), the American Massage Therapy Association (AMTA), the National Athletic Trainers Association (NATA), the American Speech-Language-Hearing Association (ASHA), the American Chiropractic Association (ACA), the American

Psychological Association (APA), the American Optometric Association (AOA), the American Podiatric Medical Association (APMA), the American Academy of Physical Medicine and Rehabilitation (AAPM&R), the American Neurological Association (ANA), the American Academy of Orthopaedic Surgeons (AAOS), and the American Osteopathic Association (AOA).

PROCESS OF DEVELOPMENT

Has APTA tested the new coding system?

Yes. In 2014, APTA and AOTA contracted with the Post-Acute Care Center for Research (PACCR) to test the reliability of the proposed new physical medicine and rehabilitation evaluation and intervention codes. The pilot test also was designed to determine the codes' usability and identify any clarity issues with the coding language.

Are results of the pilot test on the proposed intervention and evaluation codes available?

No. Results of the pilot test are not publicly available at this time due to confidentiality restrictions. However, APTA will prepare an executive summary of the study that will be posted on the website.

What is the Work RVS Update Survey?

The Work RVS Update Survey is part of the AMA RUC process. It is designed to determine the appropriate work value of proposed codes in terms of time, mental effort and judgment, technical skill, physical effort, and psychological stress. This is a standardized survey used by the AMA for all CPT codes that come before the RUC. APTA is distributing the Work RVS Update Survey this summer (2015) for proposed physical therapy evaluation and reevaluation codes only. The proposed intervention codes have not been surveyed.

How were participants selected for the Work RVS Update Survey?

The survey is being distributed to a random sampling of APTA members who provide outpatient physical therapy services, including physical therapists in private practice, skilled nursing, and outpatient hospital settings who bill existing CPT codes.

Will the Work RVS Update Survey results be released?

No. The survey results are property of the AMA and cannot be released.

Why hasn't APTA released the proposed CPT codes and coding language for the new system?

The proposed codes are proprietary to the AMA and subject to strict confidentiality rules. APTA is prohibited from disclosing, distributing, publishing, or sharing in any manner information related to the work performed by CPT Editorial Panel and the RUC Committee.

When will the new physical medicine and rehabilitation codes be implemented?

The proposed physical therapy evaluation and reevaluation codes may be implemented as early as January 1, 2017. That date is subject to change, however. At this time there is no set implementation date for the proposed intervention codes.

What will happen to the current CPT codes I use to report physical therapy services once the new codes are implemented?

The current codes will be deleted and replaced by the new codes.

IMPACT

What changes will I need to make in my practice to implement the new CPT codes—for example, staff training and EMR updates?

Physical therapists will need to be trained on the new coding system. For example, the new system has 3 levels of evaluation. Physical therapists must be able to distinguish patient severity and intensity of provided services in order to select the appropriate code level. Electronic medical records (EMR) will also need to be updated to incorporate these new codes. Current CPT codes will need to be removed from EMR systems as well.

Will documentation requirements change with these new CPT codes?

Yes, most likely. Physical therapists will need to make sure their documentation supports the services they are performing and billing, as described by the code. Therapists also must document their clinical reasoning and be able to support the code they selected, based on the severity of the patient's condition and the intensity of services performed.

Will there be changes to regulations related to these new CPT codes?

It is difficult to predict at this time how regulations or other payer policies might change when these new CPT codes are implemented. We do anticipate that local coverage determinations and other payer policies will be revised to incorporate these new CPT codes.

How will the MPPR affect these CPT codes?

Because physical therapists will be billing only 1 code per session, in most cases MPPR will no longer apply. If a physical therapist bills more than 1 code per session, however, or if a patient sees a speech pathologist and a physical therapist on the same day, MPPR will still apply.

Will payment for physical therapy services increase/decrease?

We do not know. APTA's goal is to obtain the best value possible for the new codes, but we will not know the impact on payment until the codes have passed the AMA CPT and RUC process and have been valued by CMS.

APPLICATION OF THE CODING SYSTEM AND POTENTIAL FOR ABUSE

How will value/outcomes be measured for my patients under this new system?

The new coding system does not measure outcomes on its own. It will need to be paired with outcomes measures. The coding language does, however, incorporate use of standardized tests and measures to help the physical therapy profession begin to report standardized data elements. This will enable outcomes, and ultimately the value of physical therapy, to be measured in a more uniform manner.

Might a new PT find a non-medically complex patient “complex,” creating inconsistency among reporting codes?

No. The new codes require that certain benchmarks be met in order to select the code level. A therapist’s duration in the profession should have no impact on coding levels selected.

How can payers and providers be assured that the new system will not be vulnerable to abuse or “gaming”?

Unfortunately, there is no way to guarantee the new coding system will not be vulnerable to abuse or gaming. However, the new coding system does incorporate certain benchmarks that must be met in order to choose each coding level.

Kathy Blair, PT, DPT, OCS

Reimbursement Committee

STATE BOARD OF PHYSICAL THERAPY REPORT

Chapters 1-5 and 8-10 of the revised Rules and Regulations were approved by Governor Mead and have been in effect since May 12, 2015. Please familiarize yourself with these new rules. They can be found on the State Board of Physical Therapy website. Some highlights and/or changes include, but are not limited by, the following:

- An increase in fees for application and renewals
- Modified Rules of Ethical Conduct
- Increase in Continued Competence (CCU) Requirements to 30 contact hours every 2 years

Chapters 6 and 7 have been approved by the Board and we anticipate they will be moved on to the public comment period.

Lynda Brown, PT, ScD, OCS

President of Wyoming State Board

2014 TREASURER'S REPORT

In 2014 the WYPTA had a total income of \$28,249 and total expenses of \$29,633. The overall total for the year 2014 was -\$1,384. The primary reason that the chapter lost money during 2014 was the poor attendance at the fall conference and decreased revenue from this event. Compared to 2013, the 2014 fall conference brought in -\$7517 from the prior year. Please refer to the table below for a detailed breakdown of all inflows and outflows for the past two years. In December of 2013, the WYPTA voluntarily elected to have a compilation service conducted by McGee, Hearne, & Paiz, LLP, Certified Public Accountants and Consultants for the 2009-2013 years. A compilation service requires the accountant to read all financial statements and look for obvious clerical or accounting-principle errors, but no other procedures need to be performed. This expense from 2013 was not billed to WYPTA until 2014 and accounts for the high tax preparation fee for 2014. The current balance for the basic business checking account for WYPTA as of May 31, 2015 is \$67,717.99 and the value of the chapter's certificate of deposit is \$5,708.08 with both accounts serviced by Bank of the West.

WYPTA Cash Flow Comparison 2013 vs 2014 - Last year

1/1/2013 through 12/31/2014

Category	1/1/2013- 12/31/2013	1/1/2014- 12/31/2014	Amount Difference
INFLOWS			
Advertising	\$673.50	\$1,506.90	\$833.40
APTA-Dues	\$ 16,436.00	\$ 15,110.34	\$ (1,325.66)
Fall Conference Deposit	\$ 19,150.00	\$ 11,632.40	\$ (7,517.60)
TOTAL INFLOWS	\$ 36,259.50	\$ 28,249.64	\$ (8,009.86)
OUTFLOWS			
Uncategorized	\$-	\$985.54	\$(985.54)
2014 Fall Conference	\$ -	\$ 10,027.76	\$ (10,027.76)
Board Meeting	\$ 320.36	\$ 1,106.32	\$ (785.96)
Combined Sections Meeting	\$ 2,199.69	\$ 875.70	\$ 1,323.99
Copies	\$ 6.35	\$ -	\$ 6.35
Executive Secretary Wages	\$ 3,104.56	\$ 3,143.75	\$ (39.19)
Fall Conference 2013	\$ 15,429.83	\$ 109.34	\$ 15,320.49
Fax	\$ 220.72	\$ 61.08	\$ 159.64
Federal Advocacy Forum 2014	\$ -	\$ 509.79	\$ (509.79)
Gifts Given	\$ 75.00	\$ 200.00	\$ (125.00)
Give Forward Donation	\$ -	\$ 1,079.50	\$ (1,079.50)
House of Delegates	\$ 1,752.91	\$ 3,823.58	\$ (2,070.67)
Lobbying	\$ 1,000.00	\$ 600.00	\$ 400.00
Mailing and Shipping	\$ 1,920.15	\$ 2,143.55	\$ (223.40)
Member Chair Conference, Washington D.C.	\$ -	\$ 668.06	\$ (668.06)
Office Supplies	\$ 207.57	\$ 324.32	\$ (116.75)
State Government Affairs	\$ 610.31	\$ 702.82	\$ (92.51)
State Policy And Payment Forum	\$ -	\$ 661.47	\$ (661.47)
Tax Preparation Fee	\$ -	\$ 2,100.00	\$ (2,100.00)
Telephone Conference	\$ 526.02	\$ 261.22	\$ 264.80
Website	\$ 325.00	\$ 250.00	\$ 75.00
TOTAL OUTFLOWS	\$ 27,698.47	\$ 29,633.80	\$ (1,935.33)
OVERALL TOTAL	\$ 8,561.03	\$ (1,384.16)	\$ (9,945.19)

PRIVATE PRACTICE

For those in private practice, and other practice arenas, we are hearing more and more about declining reimbursement, OIG audits, increased enforcement of compliance and HIPPA laws, Medicare denials and more. Private Practice Section of the APTA works very hard for us by lobbying Capitol Hill on issues that affect us in private practice. Annual Conference will be held in Orlando, Florida November 11-14, 2015. Registration has just opened. Being a member of the Private Practice Section allows access to monthly webinars that are geared towards reimbursement, marketing, employment law, and practice management. Currently, there is a lot of work towards payment policy changes from fee for service to pay per

performance. Another issue in Private Practice is large conglomerate businesses buying out smaller private practices. Currently, these large corporations are all around WY and have attempted a few times to enter WY but have failed. We need to watch for these companies, since their primary concern is with numbers, not our communities and we want to preserve the quality of care that can be offered to our residents.

Norene Christensen, PT, DSc, OCS, CLT

Private Practice Section

TID-BITS!!!

The Wyoming Chapter of the APTA would like to congratulate all of those that have taken the extra effort to become a Board Certified Clinical Specialist. Wyoming is a very fortunate State to have such a high level of providers!

WYOMING BOARD CERTIFIED SPECIALISTS

1. Virginia "Norene" Christensen, PT, DSc, OCS	Jackson, WY
2. Brian Edward Dalton, PT, MPT, OCS	Cody, WY
3. Michael Gene Jacketta, PT, OCS	Evanston, WY
4. Jeremy Edward Bieber, PT, DPT, OCS	Casper, WY
5. Diana J. "Dede" McDonald, PT, PCS	Jackson, WY
6. Jeff William Shirley, PT, DPT, OCS, CSCS	Jackson, WY
7. Pamela J. Mills, PT, MPT, WCS	Casper, WY
8. Michael A. Fischer, PT, DPT, OCS	Cheyenne, WY
9. Rebecca A. Baron, PT, OCS	Cheyenne, WY
10. Erin Grant Rossman, PT, OCS	Cheyenne, WY
11. Randy Ray Hite, PT, MPT, SCS, CSCS	Gillette, WY
12. Corey Shane Dahl, PT, MPT, OCS	Lander, WY
13. Theresa Ann Dernbach, PT, DPT, PCS	Casper, WY
14. Lynda D. Brown, PT, ScD, OCS	Cody, WY
15. Kathy J. Blair, PT, DPT, OCS	Casper, WY
16. Whitney Anne Meier, PT, DPT, OCS, COMT	Cheyenne, WY
17. Joseph H. Dengler, PT, MPT, OCS	Jackson, WY
18. Lori Grubbs Swanton, PT, DPT, OCS, COMT	Cody, WY
19. Matthew Edward "Matt" Woodbury, PT, DPT, OCS	Gillette, WY
20. Todd Lee "Todd" Gentzler, PT, OCS	Gillette, WY
21. Eloy Alexander "Eloy" Vasquez, PT, DPT, OCS	Cheyenne, WY
22. Ryan T. Vincent, PT, DPT, OCS	Cody, WY
23. Kelsey L. Kolstad, PT, OCS, ATC, LAT, CKTP	Cody, WY

The American Physical Therapy Association (APTA), a national professional organization representing more than 80,000 members throughout the United States, established the specialist certification program in 1978. Specialization is the process by which a physical therapist builds on a broad base of professional education and practice to develop a greater depth of knowledge and skills related to a particular area of practice. Clinical specialization in physical therapy responds to a specific area of patient need and requires knowledge, skill, and experience exceeding that of the physical therapist at entry to the profession and unique to the specialized area of practice.

The specialist certification program was established to provide formal recognition for physical therapists with advanced clinical knowledge, experience, and skills in a special area of practice and to assist consumers and the health care community in identifying these physical therapists.

Visit <http://www.abpts.org/About/> to learn more about how to become a Board Certified Clinical Specialist in your field of specialty.

NEPAL EARTHQUAKE RELIEF EFFORT

APTA encourages members to contribute to the Nepal relief effort. APTA is supporting www.Handicap-International.us/ which is an organization that supports people with disabilities and others who are vulnerable during times of conflict/disaster. Please visit their website or go to www.apta.org for more information

MEMBER SPOTLIGHT

Scott Michael Coziahr, PTA has met all of the eligibility requirements for the APTA Physical Therapy Assistant Recognition of Advanced Proficiency in Musculoskeletal Physical Therapy! Scott was recognized during APTA's Honors and Awards Ceremony at NEXT Conference in Maryland and will be recognized in the July issue of PT in Motion! Please read about his accomplishments and congratulate him when you meet him!

CONGRATUALIONS SCOTT – YOU ARE AN INSPIRATION!

We Would Love To Hear From You!

Any suggestions for future continuing education courses for the annual conference would be greatly appreciated. Please feel free to contact any member of the board or committees for questions, concerns, or to just connect with us! (Email addresses can be found on WYPTA website)

**Our Very Own, Norene
Christensen, WYPTA
President!**

