Workers' Comp

Decoding Functional Restoration Programs: Ensuring Accurate Billing Practices

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Functional Restoration Programs (also known as Functional Rehabilitation Programs or FRP) are like a well-curated menu at a restaurant—designed to help workers' compensation claimants get back to work. Just as a meal is made up of various dishes, an FRP includes multiple services tailored to each individual's unique needs based on their injury. This customized approach is the key to successful rehabilitation, but it also presents a challenge when it comes to provider billing of services rendered.

The Importance of Accurate Coding

Ordering a meal at a restaurant is a useful analogy for understanding the importance of proper billing practices in the health care industry. At a restaurant, each menu item is listed separately, and you pay for each one individually. Similarly, in FRPs, each service provided should be billed separately using the appropriate Current Procedural Terminology (CPT) codes.

While some providers may be tempted to use a single, non-specific CPT code (97799) to bill for all services provided under an FRP program, this approach is akin to a restaurant charging a single price for everything on the menu, regardless of what the customer actually ordered. Instead of providing an itemized bill, the provider would simply give the patient a single, lump-sum charge. This practice lacks transparency and fails to accurately reflect the specific services rendered.

When providers bundle charges for multiple services under the non-specific CPT code 97799, payers often request that these charges be listed separately. This granular billing approach serves several important purposes. First, it allows the payer to understand the specific services that were provided to the patient, which is crucial for ensuring appropriate reimbursement. Second, it enables the payer to review the individual codes to verify that all the necessary criteria have been met for each service. This level of detail helps prevent overpayment or

underpayment, ensuring the integrity of the health care payment system.

Breaking Down the Services and Why Unbundling is Necessary

Just as a customer would not want to pay for a dessert they did not order, payers need to see exactly what services were rendered in order to ensure they are paying the appropriate amount. Itemized billing provides the necessary transparency, allowing payers to confirm they are reimbursing providers only for the specific treatments and interventions that were delivered to the patient. This level of detail and accountability is essential for maintaining the integrity of the health care payment system and promoting fair and accurate reimbursement.

Typical services included in a FRP can vary, but often encompass a range of evidence-based interventions tailored to each individual. These may include:

- Strength and Flexibility Training: Exercises to improve muscular strength and joint mobility.
- Aerobic Exercises: Activities that elevate the heart rate to enhance cardiovascular fitness.
- Proprioceptive and Kinesthetic Training: Exercises that improve body awareness and movement control.
- Agility Training: Drills that develop coordination, speed, and dynamic balance.
- Occupational/Vocational Therapy: Assessments and interventions to address work-related functional limitations.
- Pain Management: Strategies to reduce and cope with persistent pain, such as medication management, modalities, and behavioral techniques.
- Nutritional Counseling: Guidance on dietary choices to support healing and overall health.
- Manual Therapy: Hands-on techniques like massage, joint mobilization, and soft tissue manipulation.
- Education and Training: Instruction on injury prevention, ergonomics, and self-management skills.

It is important to note that each of these services has a distinct CPT code and should be billed separately if performed, rather than bundled under the unlisted code 97799.

The American Medical Association (AMA) provides clear guidelines on how to select the correct CPT codes for billing. These include understanding the different code categories, following the guidelines and instructions, using the code that accurately describes the procedure or service, checking for bundling and unbundling rules, and staying up to date on code changes.

In addition, the AMA also provides guidance on the use of unlisted codes, which includes:

1. Use 97799 only when there is no specific CPT code that accurately describes the service provided.
2. Provide thorough documentation when using 97799, including a clear description of the service, the reason it was performed and relevant clinical information.
3. Avoid using 97799 if there is a more specific code that approximates the service. Always check for a more appropriate code first.
4. If a Category III CPT code is available for the procedure, use that instead of the unlisted 97799 code.
5. Examples of services that may be billed under 97799 include unique or emerging therapies like dry needling or hippotherapy, which do not have specific CPT codes.

The main takeaway is 97799 should only be used as a last resort when no other specific CPT code applies.

Payer Policies and Guidelines

Providers should use individual CPT codes to bill for each service performed in a FRP, rather than using a bundled charge. The decision to pay for services as a bundled charge or separately depends on the specific policies of the payer. Some payers may require bundled billing for comprehensive treatment plans, while others may prefer separate billing if the services are distinct and can be individually documented.

It is crucial for health care providers to thoroughly understand the specific guidelines and requirements set forth by each payer or insurance company when it comes to billing. This includes being well-versed in the appropriate use of CPT code 97799, which is classified as an "unlisted physical medicine/rehabilitation service or procedure."

Providers must proactively check with the payer to ensure they are adhering to the latest policies and procedures for this code and stay up to date on any changes or updates to the payer's billing policies and requirements. This can help providers ensure that their claims are processed efficiently and that they receive the appropriate reimbursement for the services they provide.

Cracking the Code: Unlocking Successful FRP Billing

Functional Restoration Programs are a customized approach to recovery, but ensuring accurate coding and billing practices is essential. By unbundling services and using the appropriate CPT codes, providers can help ensure that each service is recognized and reimbursed correctly, just as you would expect when dining at a restaurant. Accurate coding, thorough documentation, and clear communication with payers are the keys to compliance and avoiding potential billing issues.

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