

Eli's Rehab Report

Practice Pointers: Tap Into the Gold Mine of Exercise Prescriptions

You can't afford not to build this into your business model.

Prevention and wellness business is booming -- and just got a major cash injection from health reform plan dollars. If you want a piece of the pie, start looking for "exercise prescription" referrals.

Exercise prescriptions are orders from a physician requesting exercise for a patient who needs a professional's expertise to create an exercise program that will account for her medical condition, explains **Russell A. Certo, PT, OCS**, founder of GIPT/The MOG®, a PT practice with a medically-oriented gym in Grand Island, N.Y.

Example: Certo had a referral of a patient getting ready for a kidney transplant whose doctor wanted him stronger. Other cases include patients with diabetes, high blood pressure, post-cancer conditions, and obesity complications, etc., who could benefit from exercise.

Bottom line: Setting up an exercise program for cases like these requires specific training on medical conditions, as well as expertise on vital signs and tailoring exercise that is safe for medically-compromised patients, Certo says. And who better to do this than a PT?

Don't Be Afraid to Bill Insurance

Feel wary about "filling" an exercise prescription and billing insurance for it? You don't need to be with the proper codes and documentation. "For exercise prescriptions, we almost always report therapeutic exercise," Certo says. That's CPT 97110.

But it's a good idea to check with your own insurance carriers first for any stipulations.

Next step: "When we get a Medicare referral, our billing person calls our Medicare rep, gives the patient's diagnosis, and based on therapeutic exercise asks what would be the most appropriate diagnosis code to submit on that person's claim," Certo says.

And just as with any other PT intervention, your documentation is critical. "As PTs we have designed treatment plans based on objective measures from patient evaluations, and this area of physical therapy is no different," Certo says. "We measure physical signs, weight, BMI, VO2 measures, and determine a patient's tolerance to exercise then design a fitness program passed on that."

Important: Only bill for skilled time. That can include evaluating the patient, starting her on a program, and guiding her through the exercises --but once the patient can safely continue her program independently, your billable time is over.

Jump on Board Before Someone Else Does

Clearly, the opportunities for filling exercise prescriptions are bountiful. However, "if we as PTs don't jump on this opportunity, somebody else will -- and there's a lot of money to be had in this market," assures **Lynn Steffes, PT**, president of Steffes & Associates, in New Berlin, Wis.

Biggest threat: Fitness clubs, Certo warns. If you don't market yourself to physicians as the most qualified providers, they'll send their patients to a gym where the patients will have either no guidance or be working under the non-medically trained eye of a personal trainer. And you may even begin to see insurance companies make deals with fitness centers in they haven't already.



Keep in mind: The American Medical Association put forth an "exercise is medicine" initiative in 2008, Steffes recalls. "If physicians are required to prescribe medicine, they really need partners to do that."

So think about ways you can educate referral sources about what you can do for them. Physicians don't know as well as you do what you can do with exercise prescriptions. "I think PTs could put together information on this that could empower physicians," Steffes says.