Larry, PT, DPT, is a new professional hired by a busy private practice providing aquatic therapy to patients with Medicare. He enjoys being in the pool to provide direct hands-on therapy to his patients 1-on-1. The practice, however, has become so busy that Larry no longer has time to provide therapy to each patient 1-on-1.

The practice owner suggests he schedule all patients requiring aquatic physical therapy at the same time. “That way,” he said, “you can direct therapeutic exercises for several patients simultaneously from the pool deck, and bill CPT code 97113 for each patient.” After several months, Larry learns that CPT code 97113 is defined only for 1-on-1 contact with a single patient, not multiple patients from a distance.

Larry immediately discontinues billing group therapy sessions as if they were 1-on-1, but is not sure what he should do about the sessions he’s already billed (and been paid) for. If this improper billing is scrutinized by Medicare, it could be considered abuse of the health care system.

Could the government or private payers view any of your day-to-day practices as fraud, abuse, or waste?

The health care payment system is complex. The gap between what we know and what we ought to know about compliance, documentation, fraud, and abuse is expanding.

It’s time to bridge the knowledge gap—what you don’t know CAN hurt you.

Program integrity efforts have intensified to find and stop bad actors, but honest, well-intentioned practitioners are also getting caught up in the wide net being cast to fight fraud, abuse, and waste.

APTA is committed to helping you ensure you’re not one of them.