**FSBPT suspends NPTE Examination for all graduates of certain overseas programs[[1]](#footnote-1)**

In response to pervasive, ongoing security breaches by significant numbers of graduates of physical therapy schools from certain foreign countries, the Federation of State Boards of Physical Therapy (FSBPT or Federation) will suspend National Physical Therapy Examination (NPTE) testing for all graduates of schools located in those countries, pending the development of a separate, secure exam for those graduates (to be called the NPTE-YRLY). The affected individuals will include all graduates of physical therapy schools in Egypt, India, Pakistan and the Philippines.

### Workers Compensation Information[[2]](#footnote-2)

The New York State Workers’ Compensation Board recently implemented Medical Treatment Guidelines for the cervical spine, mid and low back, knee and shoulder. These guidelines went into effect on Wednesday, December 1, 2010 and must be followed when treating injured workers for injuries on those body parts listed. In an effort to respond to requests for information, please click on the following links to obtain a copy of the guidelines, frequently asked questions and answers on the guidelines, as well as charts for each body part that give a breakdown of the physical therapy procedure, CPT code, time to produce effect, frequency of visits, optimum duration, maximum duration and any comments related to the treatment.

**Workers’ Compensation Board Home Page:**
[http://www.wcb.state.ny.us](http://www.wcb.state.ny.us/)

**Medical Treatment Guidelines:**
<http://www.wcb.state.ny.us/content/main/hcpp/MedicalTreatmentGuidelines/2010TreatGuide.jsp>

**Medical Treatment Guidelines FAQs:**
<http://www.wcb.state.ny.us/content/main/hcpp/MedicalTreatmentGuidelines/FAQs.jsp>

**Charts for Each Body Part:**
[Shoulder](http://www.nypta.org/../../files/reimbursement/WC_Guideline_summary-shoulder.pdf)
[Neck](http://www.nypta.org/../../files/reimbursement/WCNECKChart.pdf)
[Knee](http://www.nypta.org/../../files/reimbursement/WC_Knee_Guideline.pdf)
[Lower Back](http://www.nypta.org/../../files/reimbursement/Low_Back_WC_grid.pdf)

Case-specific questions should be directed to the Workers' Compensation Board's Medical Director at the following e-mail address:
WCBMedicalDirectorsOffice@wcb.state.ny.us

### CMS Issues Change Request Regarding MPPR Policy[[3]](#footnote-3)

Based on policy changes required by the Physician Payment and Therapy Relief Act of 2010, the Centers for Medicare and Medicaid Services issued a [Change Request (7050)](http://www.apta.org/AM/Template.cfm?Section=FeeSchedule&Template=/MembersOnly.cfm&ContentID=77930&Token=46EC2692-9264-4911-AF6B-CD5A31A3023E) and [MLN Matters Article](http://www.cms.gov/MLNMattersArticles/downloads/MM7050.pdf) on December 21 clarifying that the multiple payment procedure payment reduction for therapy services in the therapy office setting (e.g. private practice therapist offices, physician offices) will be 20 percent instead of 25 percent. For all other settings (e.g., skilled nursing facilities (Part B), outpatient hospitals, etc) the multiple procedure payment reduction amount will be 25 percent.

The multiple procedure payment reduction policy (MPPR) which becomes effective January 1, 2011 will apply to outpatient physical, occupational, and speech language pathology services provided to a patient that are paid under the Medicare fee schedule. Specifically, CMS will make full payment for the therapy service or unit with the highest practice expense value and reduce payment of the practice expense (PE) component by 20% in the office setting and 25% in institutional settings for the second and subsequent procedures or units of service furnished during the same day for the same patient. The MPPR would apply to therapy services when multiple therapy services are billed on the same date of service for the same patient by the same practitioner or facility under the same NPI, regardless of whether those therapy services are furnished in separate sessions. The reduction applies across disciplines. The work and malpractice components of the therapy service payment would not be reduced. In addition to the MPPR, there are other refinements to the fee schedule relative value units (RVUs) that will also impact payment for 2011. The negative impact of the MPPR is offset by the use of PPIS survey data and the Medicare Economic Index (MEI) rebasing so the net impact of these changes combined in 2011 is negative 5%.

Additional information explaining the MPPR policy is available on [APTA’s Web site](http://www.apta.org/AM/Template.cfm?Section=FeeSchedule&Template=/MembersOnly.cfm&ContentID=77930&Token=46EC2692-9264-4911-AF6B-CD5A31A3023E).

1. APTA website, Feb. 2011: www.apta.org [↑](#footnote-ref-1)
2. APTA website, Feb. 2011: www.apta.org [↑](#footnote-ref-2)
3. APTA website, Feb. 2011: www.apta.org [↑](#footnote-ref-3)