MARYLAND BLUE SHIELD, INC.
700 EAST JOPPA ROAD, TOWSON, MARYLAND 21204

May 9, 1973

TO: Mrs. Florence Kendall
Mr. William Neill
Mr. Gilbert Fine
Mr. Ernest Burch

It was a pleasure meeting with you and to witness your fine cooperation in assisting us in setting up needed reporting mechanisms for various physical therapy services.

Enclosed is the additional information which you requested.

I will not send an additional reminder beyond this memo for our second meeting on May 23, 1973, at 8 p.m. in the Plan's offices.

Should you desire any additional material in preparation for this meeting, I will be glad to furnish it for you.

E. W. Hasson

mc

attachment

MARYLAND BLUE SHIELD, INC.

700 EAST JOPPA ROAD, TOWSON, MARYLAND 21204

April 12, 1973

TO: Mrs. Florence Kendall #435-1311 14W. Cold Sp. apt. 905 21210
Mr. William Neill Hi8-2500 Va 3-4827 1809 Circle Rd. Ruxton
Mr. Gilbert Fine 354-1000 x838 486-1434 3201 Old Post Dr. 21208
Mr. Ernest Burch 435-7565 828-5466 905 Breezewick Circle Towson 21204

Thank you very much for expressing your willingness to meet with members of our staff for the purpose of developing mutual understanding of the various services and charges related to physical therapy.

It appears that Tuesday evening, May 8, 1973, at 7:30 p.m. meets with the approval of everyone and it is hoped that you will be able to attend. The meeting will be held on the 9th floor of the Plan's offices located at 700 East Joppa Road in Towson. For convenience in find our location, I am enclosing a brochure giving general directions to our offices.

If for some reason you will be unable to attend, please let me know.

E. W. Hasson

mc

enc.

Copy: Karl F. Mech, M.D.

MARYLAND BLUE SHIELD, INC.
700 EAST JOPPA ROAD, TOWSON, MARYLAND 21204

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5/23/73
Blue Shield

PHYSICAL THERAPY

PREFACE

There shall be reimbursement for physical therapy services only when the physical therapy evaluation and planning of treatment programs are performed by licensed, qualified Physical Therapists, and when modalities and procedures are performed by licensed, qualified Physical Therapists of by licensed Physical Therapist Assistants, and authorized by the written or verbal orders of a Physician licensed to practice medicine and surgery.

Not yet applicable at Fed. level.
acc. to Mrs. Gary Eng who quoted
from Fed reg. - payments may be made
for services of lic. P.T. only at present.

~~Physical Medicine~~ Therapy.

~~The following descriptions apply only when these services are under the continuous and direct supervision of a physician.~~

Physical Therapy

see typed copy.

Preface

There shall be reimbursement for physical therapy services only ~~when~~ the physical therapy ~~p~~ evals., modalities, and procedures are performed by a licensed, qualified ~~P~~physical therapist, and authorized by ~~a physic~~ the written or verbal orders of a physician licensed to practice medicine and surgery.

~~The~~ physical therapy modalities ~~services~~ listed ~~a~~ below may be expected to consume approximately 20 minutes of treatment time. Combinations of two or more (different) modalities ~~or modal~~ and/or procedures may be expected to consume from 30 to 60 minutes ~~unless otherwise to the contrary.~~

The p.t. shall make & document an initial eval. of the pt., and shall make periodic reevals., as indicated, employing the appropriate tests and measurements; and shall enter findings & changes ~~and~~ on the pt's record.

EVALUATION

PHYSICAL THERAPY

PREFACE

There shall be reimbursement for physical therapy services only when the physical therapy evaluation, planning of treatment programs, modalities, and procedures are performed by a licensed, qualified Physical Therapist, and authorized by the written or verbal orders of a Physician licensed to practice medicine and surgery.

The physical therapy **modalities** listed below may be expected to consume approximately 20 minutes of treatment time. Combinations of two or more modalities and/or procedures may be expected to consume from 30 to 60 minutes.

EVALUATION

____	Case consultation with report	
9535	Muscle testing, manual, per extremity or trunk, with report	$15.00
9536	total evaluation of body, with report	35.00
9537	Electrodiagnosis	
	a) Reaction of degeneration	
	b) Chronaximetry	5.00
	c) Strength-duration curve	10.00
	d) Twitch-tetanus ratio	5.00
9538		
9539		
9540	Range of motion measurements and report, each extremity (independent procedure)	10.00
9541		
9542	Electromyography, one extremity and related paraspinal area	I.C.
	1 to 3 muscles	15.00
	4 to 8 muscles	30.00
9543	two extremities and related paraspinal areas	
	1 to 3 muscles	25.00
	4 to 8 muscles	45.00
9544	four extremities and related paraspinal areas	100.00
____	lumbar disc	50.00
____	cervical disc	50.00
9545	Nerve conduction velocity study, motor or sensory, each nerve	10.00
9546	3 or 4 points	12.00
9547	Contralateral nerve 3 or 4 points	10.00
9548	motor and sensory, each nerve	12.00
9549		
9550		
9640		
9641		
9642		
9644		
____	Sensory and/or proprioceptive testing	10.00
____	Postural evaluation	

MODALITIES

Recd. 5/26/73

MARYLAND BLUE SHIELD, INC.
700 EAST JOPPA ROAD, TOWSON, MARYLAND 21204

May 25, 1973

MEMORANDUM

TO: Mr. Ernest Burch
Mr. Gilbert Fine
Mrs. Florence Kendall
Mr. William Neill

Enclosed is information pertinent to limited chiropractors' services covered under Medicare as of July, 1973.

If I can be of further assistance to you, kindly let me know.

E. W. Hasson

mc

attachment

CHART 7

EXTENSIONS OF COVERAGE

Effective: July 1973

LIMITED CHIROPRACTORS' SERVICES COVERED

- **COVERED:**

  MANUAL MANIPULATION FOR SUBLUXATIONS OF THE SPINE DEMONSTRABLE BY X-RAY

- **NOT COVERED:**

  ANY OTHER TREATMENT

Limited Chiropractors' Services Covered

Under prior law, services of chiropractors were not covered under Medicare.

Effective July 1, 1973, a licensed chiropractor or one who is otherwise legally authorized to practice chiropractic and who meets uniform minimum standards to be established by the Secretary of Health, Education, and Welfare is included in the definition of "physicia under Medicare. However, he is a "physician" only with respect to treatment by means of manual manipulation of the spine to correct a subluxation demonstrated by X-ray. The limited coverage recognizes the need for controls on the quality, cost, and utilization of chiropractic services.

MODALITIES

Diathermy or microwave	6.00
Electrical stimulation, unattended	6.00
Hot or cold packs	6.00
Infrared	6.00
Paraffin bath	6.00
Traction, mechanical	6.00
Vasopneumatic device, per hour or portion thereof	6.00
Whirlpool	6.00
Office visit with two or modalities applied simultaneously	7.00
applied consecutively	9.00

PROCEDURES

Contrast baths	8.00
Electrical stimulation, manual	8.00
Functional training and activities-of-daily-living training	8.00
Gait training	8.00
Hubbard tank	10.00
with additional procedure	12.00
Iontopheresis	8.00
Joint manipulation	8.00
Massage, extremity, back, or neck	8.00
two or more parts	10.00
Orthotic training or prosthetic training	8.00
Postural drainage and breathing exercises	10.00
Splinting (time and materials included)	10.00 to 25.00
Therapeutic exercises	8.00
Ultrasound	6.00
Ultraviolet	6.00
Whirlpool, sterile technique	10.00
Not otherwise classified	I.C.

Visit to patient's home to administer physical therapy, including a combination of any modalitie(s) and/or procedure(s) 20.00
plus transportation charges @ 50 cents per mile, one way beyond five miles.

Group activities: $20.00 per therapist-hour divided by the number of patients in the group to determine cost per patient.

5/31/73

Blue Shield Guide for P.T. Charges.

Master copy + 1 copy.
(10 copies made)

PHYSICAL THERAPY

PREFACE

There shall be reimbursement for physical therapy services only when such services are rendered by licensed, qualified physical therapists, and when authorized by the written or verbal orders of a physician licensed to practice medicine and surgery.

The physical therapy modalities listed below may be expected to consume approximately 20 minutes of treatment time. Combinations of two or more modalities and/or procedures may be expected to consume from 30 to 60 minutes.

EVALUATION (as an independent procedure), with copy of chart(s) and/or report.

Electrodiagnostic testing	
Chronaximetry	10.00
Reaction of degeneration	10.00
Strength-duration curve	15.00
Twitch-tetanus ratio	10.00
Electromyography.	
One extremity and related paraspinal area	I.C.
Two extremities and related paraspinal areas	I.C.
Four extremities and related paraspinal areas	I.C.
Nerve conduction velocity study.	
Motor or sensory, each nerve	10.00
contralateral nerve	10.00
Motor and sensory, each nerve	12.00
contralateral nerve	12.00
each additional ipsilateral or contralateral nerve	8.00
Functional tests, and tests for activities-of-daily-living	10.00
Girth and volumetric measurements	8.00
Muscle testing, manual, per extremity or trunk	10.00
four extremities and trunk	35.00
Postural evaluation (inc. alignment, strength, and flexibility)	15.00
Range of motion measurements, one joint	8.00
two or three joints	10.00
fingers and wrist	12.00
Sensory and/or proprioceptive testing	8.00

MARYLAND BLUE SHIELD, INC.
700 EAST JOPPA ROAD, TOWSON, MARYLAND 21204

June 29, 1973

M E M O R A N D U M

TO: Mr. Ernest Burch
Mr. Gilbert Fine
Mrs. Florence Kendall
Mr. William Neill

We have been in contact with the Social Security Administration regarding the nomenclature and fees which you compiled. Apparently, this is acceptable if we can be assured that the suggested fee maximums are based on 1972 charge patterns as limited by Phase II Wage Price Regulations. If we can have this assurance in writing, I am sure we will be able to expedite implementation as soon as possible.

At this point, I do not feel it necessary that we convene for this matter, but if you feel that a meeting would better serve the problem I will be more than glad to meet with you at any date and time acceptable to you.

Thank you for your cooperation.

E. W. Hasson

mc

July 11, 1973

TO: Mr. E. W. Hasson

FROM: Ernest A. Burch, Jr., Gilbert N. Fine, William Neill, III, and Florence P. Kendall

RE: Physical Therapy Fees

.....

In answer to your memorandum of June 29, 1973, it is our opinion that a complete survey of physical therapists' fees would be necessary in order for this committee to give the assurance in writing that you have requested.

It is our feeling, however, that one may obviate the need for such a survey by requiring that participating physical therapists sign a statement such as the following:

> I hereby certify that the charges made by me for physical therapy services rendered are based on 1972 charge patterns as limited by Phase II Wage Price Regulations.

_____ Date

_____ Signature of physical therapist

_____ Official Maryland license number

_____ Current control number

P.S. By requiring that the physical therapist record his or her Maryland license number and current control number, it will be ascertained that the person is currently licensed to practice physical therapy in Maryland.

State of Maryland

OFFICE OF THE SECRETARY
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
301 WEST PRESTON STREET · BALTIMORE, MARYLAND 21201 · Area Code 301 · 383-2517

Neil Solomon, M.D., Ph.D., Secretary

August 10, 1973

TO: All Physical Therapists
Licensed in the State of Maryland
Who are in Independent Practice

Sir:

The 1972 Amendments expanded coverage of outpatient physical therapy services under Title XVIII to include the services of a physical therapist in independent practice when the services are furnished in the therapist's office or in the Medicare beneficiary's residence. The patient must be under the care of a physician and the services must be furnished under a plan of treatment. Payment for the reasonable charges for the covered services, less coinsurance and any deductible amounts due, may be made either to the beneficiary or, on assignment, directly to the physical therapist. Such reimbursement will be based on not more than $100 of incurred expenses in a calendar year.

The Department of Health, Education, and Welfare is now preparing regulations specifying the health and safety standards which physical therapists must meet to qualify for reimbursement under this provision of the law. Proposed regulations relating to licensure, education and training requirements, and the definition of independent practice have already been published. However, to assure that beneficiaries in need of such services will have them available beginning July 1, 1973, reimbursement will be made prior to the issuance of all regulations, subject to being discontinued if the therapist fails to comply with the effective regulations when issued. We anticipate that complete regulations will be issued within the next few months.

If you desire to participate in the Medicare program as a physical therapist in independent practice, please complete the enclosed form and return it to this office as soon as possible. Once you are tentatively identified as a physical therapist in independent practice, you will be sent information concerning reimbursement procedures.

Regulations to be published in the future will set forth health and safety standards to which you must adhere in order to qualify for continued reimbursement for outpatient physical therapy services. This State agency will have the responsibility for pursuing whatever action is required to determine compliance with regulations and certifying findings to the Secretary of Health, Education, and Welfare, who will make the decision as to whether you qualify for continued reimbursement under the regulations.

Sincerely yours,

Harold Gordon, Chief
Division of Licensing and Certification

HG:mq

Enclosure

MARYLAND LICENSED PHYSICAL THERAPIST IN INDEPENDENT PRACTICE

QUESTIONNAIRE

1. Name:

2. Home Address:

   Business Address(es):

3. Social Security Number:

   _____

4. Current Physical Therapy License:

   State: _____

   License Number: _____

5. Do you meet one of the following Medicare qualifications? If yes, mark the appropriate statement. (See attached regulations.)

   a. Graduation from an approved school of physical therapy. ☐

   b. Prior to 1966, was admitted to membership by the American Physical Therapy Association, or was admitted to registration by the American Registry of Physical Therapists. ☐

   c. Graduation, prior to 1966, from a 4-year physical therapy curriculum approved by a State department of education. ☐

   d. Passed the Proficiency Examination sponsored by the Public Health Service. ☐

   e. Met the requirement of having 15 years of full-time experience as a physical therapist. ☐

   f. Meet the foreign trained requirements. ☐

6. Did you, for the past tax year (1972), as an independently practicing physical therapist, file a Schedule "C" (Profit or Loss from Business or Profession) as part of your Federal Tax Return? Yes ☐ No ☐

   If no, please explain: _____

   _____

7. Independent Practice:

   a. Do you render physical therapy services on your own responsibility, free of administrative and professional control of an employer? Yes ☐ No ☐

      If no, please explain: _____

      _____

b. Are the individuals you treat your own patients? Yes ☐ No ☐

If no, please explain: _____

_____

c. Do you have the right to collect the fee or other compensation for the services you render? Yes ☐ No ☐

If no, please explain: _____

_____

d. Do you maintain at your own expense an office or office space and equipment for providing physical therapy services? Yes ☐ No ☐

If no, please explain: _____

_____

_____ _____

Date Signature

PLEASE RETURN COMPLETED FORM TO:

Division of Licensing and Certification
Department of Health & Mental Hygiene
301 West Preston Street
Baltimore, Maryland 21201

Attention: Medicare Review & Certification Unit

Qualified Physical Therapist Under Medicare

A person who is licensed as a physical therapist by the State in which practicing; and

(a) Has graduated from a physical therapy curriculum approved by The American Physical Therapy Association; or by the Council on Medical Education and Hospitals of the American Medical Association, or jointly by the Council on Medical Education of the American Medical Association and the American Physical Therapy Association; or

(b) Prior to January 1, 1966, was admitted to membership by the American Physical Therapy Association, or was admitted to registration by the American Registry of Physical Therapists, or has graduated from a physical therapy curriculum in a 4-year college or university approved by a State department of education; or

(c) Has 2 years of appropriate experience as a physical therapist, and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service except that such determinations of proficiency will not apply with respect to persons initially licensed by a State or seeking qualification as a physical therapist after December 31, 1977; or

(d) Was licensed or registered prior to January 1, 1966, and prior to January 1, 1970, had 15 years of full-time experience in the treatment of illness or injury through the practice of physical therapy in which services were rendered under the order and direction of attending and referring physicians; or

(e) If trained outside the United States, was graduated since 1928 from a physical therapy curriculum approved in the country in which the curriculum was located and in which there is a member organization of the World Confederation of Physical Therapy, meets the requirements for membership in a member organization of the World Confederation for Physical Therapy, has 1 year of experience under the supervision of an active member of the American Physical Therapy Association, and has successfully completed a qualifying examination as prescribed by the American Physical Therapy Association.

Physical Therapist in Independent Practice

He renders services on his own responsibility and is free of the administrative and professional control of an employer; the individuals he treats are his own patients and he has the right to collect the fee or other compensation for the services he renders; he maintains at his own expense an office or office space and the necessary equipment to provide an adequate program of physical therapy; and he is engaged in such practice on a regular basis.

MARYLAND BLUE SHIELD, INC.
700 EAST JOPPA ROAD, TOWSON, MARYLAND 21204

Recd. 8/24/73

August 23, 1973

494-5110

MEMORANDUM

TO: Mr. Ernest Burch
Mr. Gilbert Fine
Mrs. Florence Kendall
Mr. William Neill

494-5211

I just learned from the Social Security Administration that the fees which were recommended to us will not be acceptable. As result, we will be conducting an individual survey using the recommended nomenclature.

8/24/73 Called 11:50 to Check whether 1973 list had been recd.

The latest listing of licensed therapists is dated April 1, 1972. If there is a more current listing available I would appreciate receiving a copy.

I regret that the total efforts of the group were not acceptable by Social Security but was pleased to learn of the acceptance of the nomenclature.

Sec. Mrs Cooke

E. W. Hasson

mc 1973 Dir. sent 8/26/73