

**TRUE AND EXACT
COPY OF ORIGINAL**

BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

In the Matter of the
Medical Registration of
Gregory P. Campbell, P.T.
Date of Birth: 2-2-47
Registration Number: 1,133

STIPULATION
AND ORDER

IT IS HEREBY STIPULATED AND AGREED, by and between Gregory P. Campbell, P.T. ("Respondent"), and the Complaint Review Committee of the Minnesota Board of Medical Practice ("Board") as follows:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a registration to practice as a physical therapist in the State of Minnesota.

FACTS

2. For the purpose of this stipulation, the Board may consider the following facts as true:

a. In September 1992, Blue Cross Blue Shield of Minnesota ("BCBS") requested patient records for peer review by consultants through the Minnesota American Physical Therapy Association ("MNAPTA"). Twelve patient records were reviewed and the consultants found the following concerns regarding Respondent's documentation:

1) The patients' charts have repetitive documentation/progress notes and do not appear to have unique patient-specific information.

2) Some of the chart notes were confusing to read or unclear as to what services were being rendered and what areas were being treated.

3) The medical necessity or appropriateness of the services being rendered were not documented in the patient chart, in particular the goals and objectives and the progress the patient was making to justify continuance of care.

As a result of the peer review, eleven of the twelve medical records revealed that services were inappropriately billed and/or that medical necessity was not substantiated. BCBS identified a total of \$16,952.29 in overpayments.

b. In December 1995, the Department of Human Services, Surveillance and Integrity Review Section ("DHS") conducted an audit of Respondent's practice. The audit found that, "The documentation in the records does not give a clear picture of the type of P.T. services provided, amount of time spent performing the P.T. service, and also does not show who performed the service." DHS found the following problems when comparing the records to the bills:

1) Physician's orders found on some of the chart notes were written by a doctor of podiatric medicine or a chiropractor, not a medical doctor as required by DHS rules.

2) Physician intervention after the initial order for services was not apparent in several of the records.

3) Some of the billed services were performed by a physical therapist other than Respondent. As an independently enrolled therapist, Respondent is not allowed under DHS rules to bill for services rendered by a physical therapist other than himself.

4) Some of the services billed by Respondent were performed by a physical therapy assistant. The services were not billed with a "WW" modifier and therefore were reimbursed at the full RPT level, rather than at a reduced rate.

5) In some cases, the amount of services billed exceeded the amount of time documented in the records.

6) The initial evaluations were found on all of the records, and most of the records contained updates. However, the evaluations were billed under incorrect codes.

7) In two cases, after services had been denied in the prior authorization process, services continued to be billed and were inadvertently paid by DHS.

8) Documentation of services appeared to undergo several changes in 1994 and 1995. In 1994, SOAP format notes were found. The components of the SOAP notes were written in several different handwritings for the same therapy session. It was difficult to determine who did the services.

As a result of the audit, DHS sought to recover \$8,257.88 from Respondent due to overpayments identified in the audit, which consisted of twelve records.

c. Respondent repeatedly failed to thoroughly and accurately document his patients' medical records.

d. Respondent occasionally kissed patients on the forehead when they had a bad day.

e. Respondent inappropriately called patients endearing names, including sweet pea and sweetheart.

f. On one occasion Respondent inappropriately brought a pet cougar into the clinic.

g. In February 1993, Respondent hired a full-time physical therapy ("PT") aide. In May 1996, the PT aide obtained her masters degree in physical therapy, and Respondent hired her as a full-time therapist. However, in April 1996, Respondent allowed this individual to provide therapy to patients during which time he was not in the room and did not reevaluate the patients after therapy was completed. Respondent told the therapist not to write down anything because he was not going to charge the patient for the services rendered. Respondent equated the therapist to a physical therapy assistant because of her educational level.

h. Prior to February 1995, Respondent allowed aides to render ultrasound, massage therapy, EGS, electrical muscle stimulation and exercise. The aide may have rendered modalities to 20 to 30 patients a day. Respondent's office manager helped patients

with exercise, rendered massage, performed cranio-sacral release and taught patients how to perform exercises. In February 1995, Respondent hired a physical therapy assistant but continued to allow his office manager and aides to perform ultrasound and therapeutic exercise instructions.

STATUTES

1. The Committee views Respondent's practices as inappropriate in such a way as to require Board action under Minn. Stat. § 148.75, subd. 1(f) and (l) (1996) and Minn. R. 5601.1400 (1995), and Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify the disciplinary action.

REMEDY

2. Upon this stipulation and all of the files, records, and proceedings herein, and without any further notice or hearing herein, Respondent does hereby consent that until further order of the Board, made after notice and hearing upon application by Respondent or upon the Board's own motion, the Board may make and enter an order conditioning Respondent's registration to practice as a physical therapist in the State of Minnesota as follows:

a. Respondent's registration to practice physical therapy is **REPRIMANDED**.

b. Within one year, Respondent shall complete the following course work, which has been approved in advance by the Complaint Review Committee:

- 1) Boundaries;
- 2) Records Management; and
- 3) APTA Essentials of Physical Therapy.

3. Respondent shall maintain patient records in accordance with the Minnesota Chapter of the American Physical Therapy Association standards and which individually reflect the patient's symptoms, evaluation, therapy, and goals.

4. Respondent shall not improperly delegate physical therapy assignments to physical therapy assistants, physical therapy aides, or other support personnel.

5. Respondent shall undergo random quarterly review by the Quality Improvement Committee and Judicial Committee of the MNAPTA. Quarterly reports shall be submitted to the Board regarding the findings of each review.

6. Respondent shall obtain a work quality assessor who is a physical therapist, approved in advance by the Complaint Review Committee or its designee. The work quality assessor shall meet monthly with Respondent and shall provide quarterly reports to the Board addressing Respondent's patient care, records management, and overall work quality.

7. Respondent shall meet quarterly with a designated Board member.

8. Respondent shall pay a civil penalty of \$10,000.

9. Within ten days of the date of this order, Respondent shall provide the Board with a list of all hospitals and skilled nursing facilities at which Respondent currently has medical privileges and a list of all states in which Respondent is licensed/registered or has applied for licensure/registration. The information shall be sent to Robert A. Leach, Minnesota Board of Medical Practice, University Park Plaza, 2829 University Avenue S.E., Suite 400, Minneapolis, Minnesota 55414-3246.

10. In the event the Board in its discretion does not approve this settlement, this stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject this stipulation and if this case proceeds to hearing, Respondent will assert no claim that the Board was prejudiced by its review and discussion of this stipulation or of any records relating hereto.

11. Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter and has so chosen Andrew Parker.

12. Respondent waives any further hearings on this matter before the Board to which Respondent may be entitled by Minnesota or United States constitutions, statutes, or rules and agrees that the order to be entered pursuant to the stipulation shall be the final order herein.

13. Respondent hereby acknowledges that he has read and understands this stipulation and has voluntarily entered into the stipulation without threat or promise by the Board or any of its members, employees, or agents. This stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this stipulation.

Dated: June 18th, 1997

SIGNATURE ON FILE

GREGORY P. CAMPBELL, P. I.
Respondent

Dated: 6-23, 1997

SIGNATURE ON FILE

ANDREW PARKER
Attorney for Respondent

808 Colwell Building
123 North Third Street
Minneapolis, MN 55401
(612) 344-1400

Dated: July 12, 1997

SIGNATURE ON FILE
FOR THE COMMITTEE

Dated: 7/12, 1997

SIGNATURE ON FILE

Attorney for Committee

500 Capitol Office Building
525 Park Street
St. Paul, MN 55103
(612) 297-1050

* * *

ORDER

Upon consideration of this stipulation and all the files, records, and proceedings herein,
IT IS HEREBY ORDERED that the terms of this stipulation are adopted and
implemented by the Board this 12th day of July, 1997.

MINNESOTA BOARD OF
MEDICAL PRACTICE

By: _ SIGNATURE ON FILE

June 12, 1997