APTA INDIANA MARCH 2026 PRACTICE AND PAYMENT NEWSLETTER

As a benefit of APTA Indiana membership, the Practice and Payment Specialist and Committee serve as a resource for assisting with practice and payment issues and updates. This includes disseminating updates, educating members, answering questions, and hearing from membership about practice and payment concerns. Please reach out to Andrea Lausch, PT, DPT, APTA Indiana Practice and Payment Specialist, at **andrealausch@inapta.org**, with questions or to inform the Committee of payor concerns.

CONTENTS

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Advance Beneficiary Notice of Noncoverage: Updated Form

The Office of Management and Budget approved the updated **Advance Beneficiary Notice of Noncoverage** (Form CMS-R-131). It's available in English and Spanish. CMS improved the readability and design.

You may use the updated form now, but you must use it starting May 12, 2026, when the previous version expires.

National Correct Coding Initiative

- Click **HERE** for the updated NCCI Edits. This is a listing of the most common edits for Physical Therapy services: 4/1/2026-6/30/2026.

CMS Rule Phases Out Fax Machines and Snail Mail

The **Administrative Simplification; Adoption of Standards for Health Care Claims Attachments Transactions and Electronic Signatures** final rule is discontinuing faxing and mailing for streamlined electronic transactions. This action is projected to save the health care industry roughly $781M annually by establishing national standards for the electronic exchange of clinical documentation used to support health care claims. The rule also adopts standards for electronic signatures to ensure secure, authenticated transmission of this information. The rule is effective on May 26, 2026. Covered entities must comply by May 26, 2028.

Resources:

- **Full Press Release**
- **Fact Sheet**
- **Events and Latest News**

INDIANA MEDICAID

IHCP Updates Appeal Process

Read **BT202642** for updates on how to file a claims appeal through OMPP. Appeals must be submitted within 15 calendar days of the administrative review determination. For more information about claim administrative reviews and appeals, see the Claim Administrative Review and Appeals provider reference module at **in.gov/medicaid/providers**.

IHCP Enrollment and Revalidation

Read **BT202631** for training documents to assist providers with smoother IHCP enrollment and revalidation processes. Review the **Provider Enrollment** to access the updated policies and procedures, published Feb. 12, 2026.

CARESOURCE MARKETPLACE

Multiple Procedure Payment Reduction Policy for Therapies, effective March 1, 2026

CareSource Marketplace **announced** effective March 1, 2026, a Multiple Procedure Payment Reduction (MPPR) for PT, OT, and SLP services occurring on the same day will be reimbursed at 80% the CPT code value, with the exception of the code with the highest value, which will be reimbursed at 100%.

- APTA and APTA Indiana continue to assert that MPPR is a flawed policy, as the practice expense values for physical medicine CPT codes already have been reduced to avoid duplication.

We need your help!!

- Write to your provider representatives expressing concern about how this policy is flawed and how this reduction impacts your practice and beneficiaries' access to high quality care. See advocacy resources on **SPARC**, including template letters requesting reconsideration of the Policy.

HUMANA MILITARY TRICARE EAST DENIAL CORRECTION

Following the transition of TRICARE East claims processing to Palmetto GBA in February 2025, providers experienced widespread claim denials when using assistant modifiers (CQ/CO) for "duplicate services "due to incorrect coding for cited co-treatment rules from TRICARE policy. However, these claims reflected appropriate use of CQ/CO under the de minimis standard, not co-treatment.

Humana Military (TRICARE East) acknowledged on March 9, 2026, that the denials were applied in error for claims dating back to January 1, 2025, and implemented the following corrections:

- Removed the backend logic that automatically flagged CQ/CO claims as duplicates.
- Clarified that properly submitted assistant modifier claims should be reimbursed.
- Confirmed that corrected processing applies retroactively and moving forward.

Action Steps for Providers

If providers experienced denied claims due to this issue, Humana instructed providers to:

- Resubmit affected claims, including all claims with dates of service on or after 1/1/2025 that were denied incorrectly.
- List CQ or CO modifier first on the claim line.
- Follow with other required modifiers (e.g., GP, 59).
- Verify that resubmitted claims are no longer denied as duplicates.
- Ensure billing teams are aware of correct modifier order and resubmission guidance.

NEW APTA PRACTICE AND PAYMENT RESOURCES

APTA Spring Meeting: April 18, 2026, Ft. Wayne, IN - Speaker Rick Gawenda: Improving the Financial Success of Your Physical Therapy Practice and Department

New: Updated Clinical Practice Guideline on Carpal Tunnel Syndrome

SPARC Resources: Economic Value of PT Report, State Medicaid Payment Guide, Administrative Burden, Contracting Education and Resources, Denials and Appeals, and MPPR resources.

APTA INDIANA PAYER REPORTING PORTAL

Having payer concerns or barriers impacting patient care or creating administrative burdens?

The **APTA Indiana Payer Reporting Portal** has been developed for providers to use as they experience a payer issue in real time related to prior authorization, credentialing, claims payment, contracting issues or other related payment concerns.

- This portal will remain available until further notice, to be used as reportable events occur. You may save this link permanently on your desktop and/or access this portal on your mobile device for future use.
- Please share the link with staff.
    - Staff may bookmark the link to the portal on their web browser. They do not need to be a member of APTA Indiana to complete the payer reporting issue.