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| |  | | --- | | **AN UPDATE FROM THE APTA INDIANA PRACTICE & PAYMENT SPECIALIST**  As a benefit of APTA Indiana membership, the Practice and Payment Specialist, working in conjunction with the Practice & Payment Committee, serves as a resource for practice and payment issues. This includes:   * Disseminating News/Updates * Educating Membership and Payers on Practice & Payment Issues * Addressing Questions and Concerns From APTA Indiana Members   Please reach out to Andrea Lausch, PT, DPT, Practice & Payment Specialist, at [**andrealausch@inapta.org**](mailto:andrealausch@inapta.org) with questions or to inform the Practice and Payment Committee of payer concerns.  **CONTENTS**  **The Centers for Medicare and Medicaid Services (CMS)**             2021 Proposed Physician Fee Schedule and Quality Payment Program Rule             CMS Released the FY 2021 Final Rule for Inpatient Rehabilitation Facilities             Final CMS Skilled Nursing Facility (SNF) Rule             Updated Implementation Date for Renewed ABN Released by CMS  **Department of Health and Human Services (HHS)**  HHS Extends Medicaid Application Deadlines and Reopens Portal for Medicare Providers             Preliminary Provider Relief Fund Reporting Guidance Released             Public Health Emergency Extended  **Telemedicine Extension**  Updated Indiana Public Health Emergency Extension             Updated Payer Policy Revisions and Extensions  **Aetna**  Clinical Policy Bulletin Update  **Anthem**  Medical Policy Revision             Provider Contract and Fee Schedule Notifications  **CMS Proposed 2021 Physician Fee Schedule (PFS) and Quality Payment Program (QPP) Rule**  CMS seeks comments on its proposed rule. Highlights of the proposed rule, as they pertain to outpatient therapy services include:   * Estimated 9% Reduction in Payment for PT, OT, and SLP Providers in 2021 * CY 2021 Conversion Factor (used to determine payment of CPT Codes): Decreased From $36.09 to $32.26 * Revaluation of Therapy Evaluations and Reevaluations Codes * Permanently Allows PTs to Bill E-visits, Virtual Check-ins and Remote Assessment of Recorded Video and/or Images Submitted by an Established Patient * PTAs to Perform Maintenance Therapy Services in Part B Settings * Proposed Rule for MIPS 2021 Performance Period * Therapy Student Documentation in the Medical Record   Taking action against the proposed pay cuts is vital to our profession and patients. Timing is of the essence! Please consider using this information from APTA and these links to advocate for proper payment for physical therapy! Please write Members of Congress to STOP the 9% reduction in the Physician Fee schedule for Physical Therapy Services! Letters should be sent as soon as possible, but no later than October 1! APTA members can [**log into the Legislative Action Center**](https://www.apta.org/advocacy/issues/medicare-physician-fee-schedule) to send pre-written messages to their legislators.  [**Review Proposed Rule**](https://s3.amazonaws.com/public-inspection.federalregister.gov/2020-17127.pdf)**|**[**Review Fee Schedule Fact Sheet**](https://www.cms.gov/newsroom/fact-sheets/proposed-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-4)**|**[**Review QPP Fact Sheet**](https://qpp-cm-prod-content.s3.amazonaws.com/uploads/1100/2021%20QPP%20Proposed%20Rule%20Fact%20Sheet.pdf)  Click [**HERE**](https://www.apta.org/article/2020/08/04/proposed-2021-fee-schedule) for an article from APTA on the proposed 2021 Rule.  Click [**HERE**](https://files.constantcontact.com/94e4cf5c301/c5b7da72-e358-4c98-bee3-3ee86404ada8.pdf) for a summary of the proposed rules for MIPS 2021.  **CMS Released the FY 2021 Final Rule for Inpatient Rehabilitation Facilities (IRFs)**  Highlights of the final rule include:   * Permanent Elimination of the Post-Admission Physician Evaluation Effective October 1, 2020 Within the First 24 Hours of Patient Admission * CMS is finalizing that a Non-Physician Practitioner (NPP) may perform one of the three required visits in lieu of the physician in the second and later weeks of a patient’s care, when consistent with the NPP’s state scope of practice. * Overall IRF Payment Increase for FY 2021 of 2.8%   To access the Final Rule, click [**HERE**](https://s3.amazonaws.com/public-inspection.federalregister.gov/2020-17209.pdf). To access the Fact Sheet on the IRF Final Rule, click [**HERE**](https://www.cms.gov/newsroom/fact-sheets/fiscal-year-fy-2021-inpatient-rehabilitation-facility-irf-prospective-payment-system-pps-cms-1729-f).  **Final CMS Skilled Nursing Facility (SNF) Rule**  Highlights:   * PDPM continues, as Does CMS monitoring of implementation, but the agency isn't ready to share data. * SNFs Will See a 2.2% Increase in FY 2021 Depending on Location   To access the CMS Fact Sheet, click [**HERE**](https://www.cms.gov/newsroom/fact-sheets/fiscal-year-2021-payment-and-policy-changes-medicare-skilled-nursing-facilities-cms-1737-f). For more information from APTA, click [**HERE**](https://www.apta.org/article/2020/08/03/snf-final-rule-fy-2021).  **Updated Implementation Date for Renewed ABN Released by CMS**  Due to COVID-19 concerns, CMS is going to expand the deadline for use of the renewed ABN, Form CMS-R-131 (exp. 6/30/2023). At this time, the renewed ABN will be mandatory for use on 1/1/2021. The renewed form may be implemented prior to the mandatory deadline. [**ABN Form and Instructions**](https://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN)  **Department of Health and Human Services (HHS)**  **HHS Extends Medicaid Application Deadlines and Reopens Portal for Medicare Providers**  Phase 2 general distribution to Medicaid, Medicaid Managed Care, Children's Health Insurance Program (CHIP) and dental providers has been extended. HHS also plans to reopen the portal to certain Medicare providers who missed the opportunity for additional funding from the $20 billion portion of the $50 billion Phase 1 Medicare General Distribution and will permit revenue information submission for providers who experienced change in ownership challenges beginning August 10, 2020. Groups will have until Friday, August 28, 2020 to apply.  Click [**HERE**](https://www.hhs.gov/about/news/2020/07/31/hhs-extends-application-deadline-for-medicaid-providers-and-plans-to-reopen-portal-to-certain-medicare-providers.html) for more information from HHS on the extension application and [**HERE**](https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html) for updated information and data on the CARES Act Provider Relief Fund.  **Preliminary Provider Relief Fund Reporting Guidance Released**  The purpose of this [**notice**](https://www.hhs.gov/sites/default/files/provider-post-payment-notice-of-reporting-requirements.pdf) is to inform Provider Relief Fund (PRF) recipients, who received one or more payments exceeding $10,000 in the aggregate from the PRF, of the timing of future reporting requirements. Detailed instructions regarding these reports will be released by August 17, 2020.  Click [**HERE**](https://www.hhs.gov/sites/default/files/provider-relief-fund-general-distribution-faqs.pdf) for Provider Relief Fund FAQs  **Public Health Emergency Extended**  HHS Secretary Azar renewed the [**Public Health Emergency Declaration**](https://files.constantcontact.com/94e4cf5c301/a7631320-5948-4427-90f2-bc11a7ef7ad9.pdf) on the evening of July 23, 2020. The Secretary’s PHE Declaration lasts for the duration of the emergency or 90 days (10/22/20), but may be extended (as the Secretary has now done twice).The temporary Medicare telehealth policies currently in place, as well as many of the other temporary policies/flexibilities implemented by CMS during this PHE will continue so long as both Secretary Azar’s PHE Declaration and the President’s National Emergency Declaration (declared March 13) continue.  **Telemedicine Extension**  The Indiana Governor has continued to extend telemedicine privileges through the public health emergency through August 29, 2020 with his most recent [**Executive Order**](https://files.constantcontact.com/94e4cf5c301/a7631320-5948-4427-90f2-bc11a7ef7ad9.pdf).  Follow these links for updated temporary payer policy revisions on telehealth: [**federal**](https://files.constantcontact.com/94e4cf5c301/c11a3480-9895-4289-acda-ff86ebc954e3.pdf) and [**commercial**](https://files.constantcontact.com/94e4cf5c301/e4e4db20-e8e4-4cc2-affc-f86f5aa6b2e5.pdf) payers.  **Aetna Updates Complex Regional Pain Syndrome (CRPS) / Reflex Sympathetic Dystrophy (RSD): Treatments 7-20-2020**  This Clinical Policy Bulletin (CPB) has been revised to state that the following are considered experimental and investigational for the treatment of complex regional pain syndrome:  (i) Combined dorsal root ganglion stimulation and dorsal column spinal cord stimulation;  (ii) Combined transcranial direct current stimulation and transcutaneous electrical nerve stimulation;  (iii) Exergame therapy;  (iv) Sanexas (electroanalgesia); and  (v) Ultrasound-guided percutaneous peripheral nerve stimulation.  [**Complex Regional Pain Syndrome (CRPS) / Reflex Sympathetic Dystrophy (RSD): Treatments**](https://protect-us.mimecast.com/s/aNfyC2k24QfpvM7rcneHUK?domain=aetna.com)  Aetna updates Electrical Stimulation for Pain 7-31-2020 [Rehab PT]  This CPB has been updated with additional coding.  [**Electrical Stimulation for Pain - CPB 0011**](https://protect-us.mimecast.com/s/jIkxC4xVmPIBp8OwcO5hpJ?domain=aetna.com)  **Anthem Notification: Revised Medical Policies and Adopted Clinical UM Guidelines Effective November 1, 2020 [Rehab PT]**  DME.00011 Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices: 11/1/2020   * Added transcutaneous electrical modulation pain reprocessing as Investigational & Not Medically Necessary for all indications including, but not limited to, treatment of acute and chronic pain. * Reordered statements in alphabetical order.   [**Provider Notification**](https://protect-us.mimecast.com/s/idLMC0REqPhGRyxoIwT2RI?domain=anthempc-attachments-prod.s3-us-west-2.amazonaws.com)  **Provider Contract and Fee Schedule Notifications Coming Soon**    Starting in Mid-July, when Anthem Blue Cross and Blue Shield (Anthem) notifies you of a statewide fee schedule update or provider contract amendment, you can log into Availity.com and download a digital copy of your content.  In order to be ready for the digital downloads, you should log into Availity, access the Provider Online Reporting Application and register your authorized users.  [**https://providernews.anthem.com/indiana/article/provider-contract-and-fee-schedule-notifications-coming-soon-2**](https://providernews.anthem.com/indiana/article/provider-contract-and-fee-schedule-notifications-coming-soon-2) | |

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