****

**November 2020 Practice and Payment Newsletter**

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

**CONTENTS**

**The Centers for Medicare and Medicaid Services (CMS)**

Advocacy forNew Legislation to #fightthecut

 Final FY 2021 Home Health Rule

 CMS Code Assignment for 99072

**Department of Health and Human Services (HHS) Office of National Coordinator of Health Information**

**Technology (ONC)**

 New Information Blocking Start Date and Details

**Telemedicine Extension**

Updated Indiana Public Health Emergency Extension

 Updated Payor Policy Revisions and Extensions

**Aetna Policy Update**

Early Intervention Program

**Anthem**

 AIM State/National Survey Results

**United Healthcare Policy Updates**

Temporomandibular Joint Disorders

 COVID-19 CMS Public Health Emergency Waivers & Flexibilities:

 Inpatient Rehab Facilities and Home Health Agencies

**CMS**

**Support New Legislation (H.R. 8702) to Stop Medicare Cuts**

Your voice is making a difference!

Indiana U.S. Representative, Larry Bucshon, MD, R-Ind, along with Ami Bera, MD, D-Calif  introduced new legislation October 30,2020 in the U.S. House of Representatives named "[**Holding Providers Harmless From Medicare Cuts During COVID-19 Act of 2020**](https://www.congress.gov/bill/116th-congress/house-bill/8702?q=%7B%22search%22%3A%5B%22hr8702%22%5D%7D&s=1&r=1)" (H.R. 8702).

This legislation would keep Medicare payment levels stable for the next two years. This will spare physical therapy and 36 other professions from cuts designed to offset increases to payment for office/outpatient evaluations and management services beginning January 1, 2021.

H.R. 8702 proposes to increase funding to Medicare by the estimated amounts redirected toward the planned increases, and directs CMS to essentially reset payment for these 37 professions to 2020 levels.

[**#FightTheCut**](https://twitter.com/hashtag/fightthecut?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Ehashtag)

TAKE ACTION: click [**APTA Patient Access Center**](https://www.apta.org/advocacy/take-action/patient-action-center?vvsrc=/campaigns/76461/respond) to access pre-written template to reach out to your member of Congress in support of H.R. 8702.

Click [**HERE**](https://www.apta.org/news/2020/11/02/bera-bucshon-cms-bill) for more information on the bill and [**HERE**](http://www.apta.org/FightTheCut) to learn more about this issue.

[**Final Home Health Rule 2021**](https://www.cms.gov/medicaremedicare-fee-service-paymenthomehealthppshome-health-prospective-payment-system-regulations/cms-1730-f) **effective January 1, 2021**

Big Takeaways:

* Emergency use of telecommunications technology expansions will be made permanent
* HHAs will see a 1.9% pay increase beginning in 2021

CMS also noted several other points in their final rule:

* Stakeholders were reminded that access to telecommunications technology must be accessible to patients, including patients with disabilities.
* There is a reiteration that services provided by telecommunications technology are services that could also be provided through an in-person visit. If the service cannot be provided by technology, such as a service that requires hands out interaction with the patient, the HHA must do an in-person visit.

**CMS Code Assignment for 99072**

[**CMS**](https://www.cms.gov/files/document/MM11939.pdf) has reported the agency included 99072 (new AMA code for additional supplies and clinical staff time during respiratory PHE) among several codes that were being added to the 2020 Medicare Physician Fee Schedule, but the code was assigned [**a "B" procedure status**](https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-relative-value-files/rvu20d), meaning additional payment will not pay out for this code.

Check commercial insurers regarding eligibility for payment and coverage of the code. Indiana Medicaid has informed APTA Indiana that their coverage determination has not been made to date. The code will likely be added to the fee schedule by the end of the year with a coverage decision at that time.

Click [**HERE**](https://www.apta.org/news/2020/11/04/cms-coding-decision-99072) for more information.

**HHS Office of National Coordinator of Health Information Technology (ONC)**

ONC, the agency in charge of the new [**information blocking rule**](https://www.healthit.gov/curesrule/download) that will impact physical therapy practices and other health care providers now says that compliance must begin on April 5, 2021. The previous startup date was Nov. 2, 2020.

The initial final rule, announced in March, is aimed at removing undue obstacles and delays in the access of patient electronic health information, or EHI. Under the rule, IT developers and health care providers, including PTs, will be required to avoid excessive restrictions on EHI accessibility, exchange, and use of everything from limits on patient access to their data to interoperability problems that make it difficult for providers to share data with each other when needed.

Resources

1. [**Webpages**](https://www.apta.org/your-practice/payment/medicare-payment/alternative-payment-models/health-information-technology-and-patient-privacy) dedicated to the topics of health information technology, including information blocking, and patient privacy.
2. A compilation of [**resources**](https://www.apta.org/article/2020/10/16/information-blocking-resources) to help individuals learn about information blocking and how to comply with the new rules.
3. An [**analysis**](https://www.apta.org/article/2020/10/21/information-blocking-analysis) published by APTA that provides guidance on how to comply with the new information blocking rules.

**Indiana Health Coverage Programs (IHCP)**

Reminder: In accordance with federal requirements, the Indiana Health Coverage Programs will implement use of an electronic visit verification **(**[**EVV) system**](https://www.in.gov/medicaid/providers/1005.htm) to document personal care services by January 1, 2021. Use of an EVV system to document home health services will be implemented by January 1, 2023.

Click [**HERE**](https://www.in.gov/medicaid/files/5828_OMPP_EVV_Implementation_Prep.pdf) for OMPP’s EVV Implementation Preparation Guide

**Telemedicine**

The Indiana governor has continued to extend telemedicine privileges through the public health emergency through December 1, 2020 with his most recent [**Executive Order 20-47**](Executive-Order-20-47-Eighth-Renewal-of-Emergency-Declaration_2%20%281%29.pdf). Click [**HERE**](https://www.in.gov/gov/governor-holcomb/newsroom/executive-orders/) to be directed to current and past Executive Orders.

Follow these links for updated temporary payer policy revisions on telehealth: [**federal**](http://r20.rs6.net/tn.jsp?f=001x1DRNGDTcIQ4mW7Pw4Ya7qbuA1MAzibx6kx4UfVHyOeVVauyFYmzzDJFd7EQinc3DU-r8VZmS27G55cwGz10Q5KFrhYMZBDy937FDkopaURagAcKmFygVPW1_qt2SknCI6nYH7_9MtwJJ9RQn-JWu4ljcyGq3N7DWx531ktyRvgz6uMc1z_h_A9jUW5YVdcF4GdlL6uub_yQspsSPs44kPcEZsVNWOLX5G70Oo0xJYY=&c=GMrjGJ8qAAiZz3aDH6QEzmL3Cwa2a7QgWw-Y9l6gNfPdpbf-MSVNkQ==&ch=m7grSXup6eUWyM9e-Vii3oQWK9_zyqKj1Mzerj0wVqkr01t9QT2JhA==)**,** [**commercial**](Commercial%20Payer%20Telehealth%20or%20E-Visits%20Coverage%2011_17_2020%20-%20Google%20Docs.pdf) payers (including new policies for Cigna and UHC effective 1/1/21), and [**state**](State%20-%20Nov%202020.pdf)**:** IHCP Bulletins: BT202040 (Home Health Agencies), BT202022 (Billing guidance 3/2020), BT2020106 (revised billing guidance 9/2020)

**Aetna**

Aetna updates [**Early Intervention Programs**](http://www.aetna.com/cpb/medical/data/400_499/0444.html#dummyLink2)

This CPB has been updated with additional references. Includes codes 92507, 92521 - 92524 and 97110 – 97546

**Anthem**

**AIM State and National Survey Results**

Thank you to those who participated in the AIM peer to peer survey. We had 28 Indiana respondents. The survey was also carried out nationally in 7 states. 268 respondents participated in all from CO, GA, IN, MO, NH, NY, WI. The results of the survey have been communicated in a letter to Anthem by APTA.

Survey results:

* 90% of Indiana (85% national) respondents submit peer to peer review requests on some percentage of their AIM/Anthem patients.
* Providers reported moderate difficulty both in Indiana and nationally with scheduling peer to peer reviews
* Over 95% of respondents in Indiana and nationally reported delays in patient care either always or sometimes.
* Only 36% of Indiana respondents and 21% of national respondents were able to always speak with a PT reviewer.
* Only 10% of IN peer to peer reviews (8% nationally) were completed by a reviewer with the same subspecialty knowledge.
* Only 15% (<10% nationally) of clinician peer-to-peer experiences demonstrated consistent review of the patient medical record in advance of the call.
* 76% of Indiana and 80% of national respondents report the peer reviewer either sometimes or never engaged in a discussion of clinical findings.
* 84% of Indiana and >90% national respondents report the peer reviewer was either sometimes or never able to amend the review decision.
* 12% of Indiana and < 6% of national respondents indicated the reviewer was able to provide a reasonable rationale for the determination of visit coverage.
* 20% of Indiana and 25% of national respondents reported the peer-to-peer process never resulted in a change in authorization determination.
* More than 80% of Indiana and national respondents reported 0-4 visits were approved on the initial peer-to-peer authorization submission.
* Approximately 80% of respondents in Indiana and nationally reported 0-2 visits approved on the subsequent peer to peer authorization submission.
* 25% of Indiana and national respondents reported they always received a rationale for the denial authorization determination.
* 60% of Indiana and national respondents reported that case complexity was never considered in the authorization decision.
* Approximately half of Indiana and national respondents appealed a peer to peer denial.
* 68%of Indiana and approximately 96% of national respondents reported an appeal was not at all or rarely successful in reversing the adverse decision.

If you would like more details from the survey, please reach out to **andrealausch@inapta.org****.**

**United Healthcare Updates**

***United HealthCare Exchange***

NEW Temporomandibular Joint Disorders 1-1-2021 - [**Temporomandibular Joint Disorders**](https://protect-us.mimecast.com/s/_A7AC73Y82IAXZpXs8av0K?domain=uhcprovider.com)

**United Healthcare Medicare Advantage**

***Inpatient Rehabilitation Facilities:***

Medical Rehabilitation Coverage Statement - Added notation pertaining to COVID-19 Public Health Emergency Waivers & Flexibilities in response to the COVID-19 Public Health Emergency with CMS’s update for certain rehabilitative services.

See the [**Coronavirus Waivers & Flexibilities: Inpatient Rehabilitation Facilities**](https://protect-us.mimecast.com/s/21qbCo28RkIrV5lZhzgClq?domain=uhcprovider.com) for details.

***Home Health Services and Home Health***

Visits Coverage Statement - Updated notation pertaining to COVID-19 CMS Public Health Emergency Waivers & Flexibilities:

* Medicare and Medicaid Interim Final Rule with Comment (IFC): Additional Policy and Regulatory Revisions in Response to the COVID19 Public Health Emergency (CMS-5531 IFC)
* Home Health Agencies

[**Home Health Services and Home Health Visits**](https://protect-us.mimecast.com/s/kW6FCZ6vONI5qAP5tz9S5i?domain=uhcprovider.com)