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**APTA Indiana April 2021 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 & Payment Specialist, at **andrealausch@inapta.org** with questions or to inform the Committee of payor concerns.

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

**2% Sequestration: Extended**

The 2% sequester reduction to payment under Medicare is reinstated through the end of 2021. The moratorium is retroactive to April 1. To avoid a temporary return to the sequestration-related cuts, CMS held claims with April dates of service in anticipation of the extension that was signed into law April 14, 2021 by President Joe Biden.

CMS has now communicated with Medicare Administrative Contractors to release claims held earlier in April and reprocess any claims paid with the reduction applied.

[**2021-04-16-MLNC | CMS**](https://www.cms.gov/outreach-and-educationoutreachffsprovpartprogprovider-partnership-email-archive/2021-04-16-mlnc#_Toc69394754)

**2022 Skilled Nursing Facility Proposed Rule**

CMS has released the Fiscal Year (FY) [**2022 Skilled Nursing Facility (SNF) Proposed Rule**](https://public-inspection.federalregister.gov/2021-07556.pdf?utm_campaign=pi+subscription+mailing+list&utm_source=federalregister.gov&utm_medium=email). Comment Deadline: June 7, 2021. Effective Date: Oct. 1, 2021.

[**CMS Fact Sheet**](https://www.cms.gov/newsroom/fact-sheets/fiscal-year-fy-2022-skilled-nursing-facility-prospective-payment-system-proposed-rule-cms-1746-p)

Proposed updates to the Patient Driven Payment Model:

* CMS is proposing to update the SNF payment rates by 1.3%.
* CMS is soliciting broad public comments on a potential methodology for recalibrating the PDPM parity adjustment that would account for the potential effects of the COVID-19 PHE without compromising the accuracy of the adjustment. This is due to an unintended increase in payments of approximately 5 percent in 2020. CMS also seeks comment on whether any necessary adjustment should be delayed or phased in over time to provide payment stability.
* CMS is proposing to rebase and revise the SNF market basket to improve payment accuracy under the SNF PPS by proposing to use a 2018-based SNF market basket to update the PPS payment rates, instead of the 2014-based SNF market basket.
* CMS is proposing several changes to the PDPM ICD-10 code mappings affecting the areas of sickle-cell disease, esophageal conditions, multisystem inflammatory syndrome, neonatal cerebral infarction, vaping-related disorder, and anoxic brain damage.
* CMS is proposing to adopt two new measures and update the specifications for another measure for the Quality Reporting Program.
* CMS is requesting input on promoting health equity.
* CMS is requesting feedback on plans to strengthen interoperability.
* CMS is requesting input on customized prosthetic devices codes.
* CMS is soliciting input on an expanded SNF value-based purchasing program.
* CMS is proposing a pass on readmission measures in light of the COVID-19 pandemic.
* A COVID-19 vaccination reporting requirement.
* CMS is proposing a new claims-based measure to the SNF Quality Reporting Program beginning FY 2023: SNF hospital-associated infection.

**2022 Inpatient Rehabilitation Facility Proposed Rule**

CMS has released the FY [**2022 Inpatient Rehabilitation Facility (IRF) Proposed Rule**](https://public-inspection.federalregister.gov/2021-07343.pdf). Comments will be accepted on the proposed rule until 5:00pm on June 7, 2021. Effective Date: Oct. 1, 2021. [**CMS Fact Sheet**](https://www.cms.gov/newsroom/fact-sheets/fiscal-year-fy-2022-inpatient-rehabilitation-facility-irf-prospective-payment-system-pps-proposed)

CMS is proposing to update the IRF PPS payment rates by 2.2% based on the proposed IRF market basket update of 2.4%, less a 0.2 percentage point Multi-Factor Productivity (MFP) adjustment. CMS is proposing that if more recent data becomes available, we would use these data, if appropriate, to determine the FY 2022 market basket update and MFP adjustment in the final rule. In addition, the proposed rule contains an adjustment to the outlier threshold to maintain outlier payments at 3.0% of total payments. This adjustment would result in a 0.3 percentage point decrease in outlier payments. CMS estimates that the overall increase to IRF payments for FY 2022 would be 1.8% (or $160 million), relative to payments in FY 2021.

Proposed updates to quality reporting:

* Closing the health equity gap – Request for Information (RFI)
* COVID-19 Vaccination Coverage among Health Care Personnel measure
* Transfer of Health Information to the Patient Post-Acute Care quality measure
* Public reporting of quality measures with fewer than standard numbers of quarters due to COVID-19 public health emergency exemptions
* Fast healthcare interoperability resources in support of digital quality measurement in post-acute care quality reporting programs – RFI

**HHS**

**HHS Extends Public Health Emergency**

U.S. Department of Health and Human Services Secretary, Xavier Becerra, has extended the [**Public Health Emergency Declaration**](https://www.phe.gov/emergency/news/healthactions/phe/Pages/COVID-15April2021.aspx), effective April 21, which must be renewed every 90 days. The national PHE is now scheduled to end July 19, 2021.

**TELEHEALTH**

The Indiana governor continues to extend telemedicine privileges through the public health emergency through April 30, 2021 with his most recent [**Executive Order 21-08**](https://www.in.gov/gov/files/Executive-Order-21-08-Thirtheeth-Renewal-of-Emergency-Declaration.pdf). Check for May updates near the end of April [**HERE**](https://www.in.gov/gov/newsroom/executive-orders/) to be directed to current and past Executive Orders. Senate Bill 3 passed, allowing physical therapists in Indiana to provide physical therapy services via telehealth effective July 1, 2021.

Please see the following updated link for the temporary and/or permanent payer policy revisions on telehealth: [**Commercial Payers**](file:///C:\Users\vahet\ALP-Org.Mgmt%20Dropbox\Clients\Indiana%20Chapter\Committees\Practice%20&%20Payment\Commercial%20April%202021%20Payer%20Telehealth%20or%20E-Visits%20Coverage%20-%20Google%20Docs.pdf). See the [**March 2021 Practice and Payment Newsletter**](https://inapta.org/wp-content/uploads/2020/12/APTA-Indiana-March-2021-Practice-and-Payment-Newsletter.docx) for state and federal related links. Follow this link for a list of services payable under the Medicare Physician Fee Schedule when furnished via telehealth: [**List of Telehealth Services for Calendar Year 2021 (ZIP)**](https://www.cms.gov/files/zip/list-telehealth-services-calendar-year-2021.zip)

**FSSA**

[**Home Health Services**](https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJlbWFpbCI6ImFuZHJlYWxhdXNjaEBpbmFwdGEub3JnIiwiYnVsbGV0aW5fbGlua19pZCI6IjEwMiIsInN1YnNjcmliZXJfaWQiOiIxMTkxNTI1NzA2IiwibGlua19pZCI6IjU5NzgyMjQ3MSIsInVyaSI6ImJwMjpkaWdlc3QiLCJ1cmwiOiJodHRwczovL3d3dy5pbi5nb3YvbWVkaWNhaWQvZmlsZXMvaG9tZSUyMGhlYWx0aCUyMHNlcnZpY2VzLnBkZiIsImJ1bGxldGluX2lkIjoiMjAyMTA0MjMuMzkzMDkwNTEifQ.P4L_kXsGQ1xjIZK72z7opEo9drLqbwW9D4UykLCGSU4)

Policy Updates:

* Service Requirements for members with Central Nervous System Disorders and Service Requirements for members with Gastrointestinal Disorders
* Contact information in the Home Health Prior Authorization Policies section and added clarification regarding requesting PA by phone
* Mailing address in the Home Health Billing Procedures section
* How to find current home health rates in the Home Health Reimbursement section
* The following code table updates are accessible from the Code Sets page:
  + Service Codes That Require Electronic Visit Verification
  + All codes were reviewed

**UnitedHealthcare Community Plan**

Indiana Health Coverage Program (IHCP) Bulletin [**BT202123**](https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJlbWFpbCI6ImFuZHJlYWxhdXNjaEBpbmFwdGEub3JnIiwiYnVsbGV0aW5fbGlua19pZCI6IjEwNCIsInN1YnNjcmliZXJfaWQiOiIxMTkxNTI1NzA2IiwibGlua19pZCI6IjEzMTkzNDA5ODEiLCJ1cmkiOiJicDI6ZGlnZXN0IiwidXJsIjoiaHR0cDovL3Byb3ZpZGVyLmluZGlhbmFtZWRpY2FpZC5jb20vaWhjcC9CdWxsZXRpbnMvQlQyMDIxMjMucGRmIiwiYnVsbGV0aW5faWQiOiIyMDIxMDMzMS4zODAxNjMxMSJ9.FbjxuYWmsX6NJj31yW3jDFfy4tlWgImumJ3kf-cSax0) announces the addition of UnitedHealthcare as new MCE for Hoosier Care Connect. Bulletin announces UHC to allow members to access out-of-network providers that are enrolled in IHCP until the network develops sufficient member choice and access.

**UNITED HEALTHCARE (UHC)**

**UHC Oxford**

New [**Outpatient Rehabilitation Therapy Services Policy**](https://protect-us.mimecast.com/s/P5ZZCv2RqrI78ElxHQHJa8?domain=uhcprovider.com) effective 6-1-2021

**United Healthcare Commercial and Community Plans (Indiana)**

[**Physical Medicine & Rehabilitation: Maximum Combined Frequency per Day Policy, 4-1-2021**](https://protect-us.mimecast.com/s/gIiFC0REqPhGW5AQCwIYcj?domain=uhcprovider.com)

This policy describes the reimbursement update for timed codes (per list in the policy), will be reimbursed up to a maximum of four timed codes (equivalent to one hour of therapy) in any combination.

**UnitedHealthcare Community Plan (Indiana)**

[**Physical Medicine & Rehabilitation: Multiple Therapy Procedure Reduction (MPPR) Policy, Professional - Reimbursement Policy - UnitedHealthcare Community Plan**](https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan-reimbursement/UHCCP-Physical-Med-Rehab-Multiple-Therapy-Procedure-Reduction-(R0121).pdf)

This policy describes the MPPR policy for providers using the 1500 Health Insurance Claim Form.

[**Physical Medicine & Rehabilitation PT-OT Evaluation Management Policy**](https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan-reimbursement/UHCCP-Physical-Med-Rehab-PT-OT-and-Evaluation-Mgmt-Policy-(R0098).pdf)

This policy describes which codes will and will not be reimbursed for physical and occupational therapy evaluations, and the use of Healthcare Common Procedure Coding System (HCPCS) modifiers GO, GP, CO and CQ.

**HUMANA**

[**Urinary Bladder Dysfunction**](https://protect-us.mimecast.com/s/JodgC73Y82IA6OkpT8VNFZ?domain=canaryinsights.com)

This policy describes updated urinary bladder dysfunction description, coverage determination, coverage limitations, background, medical alternatives and provider claims.

* Includes 97032 - Not Covered if used to report any treatment outlined in Coverage Limitations section

**AETNA**

[**Chronic Vertigo - CPB 0238**](https://protect-us.mimecast.com/s/3BOPCR6kYDIvWk4yI9_sxp?domain=aetna.com)

Aetna updates Chronic Vertigo 2-26-2021 with additional coding.