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**APTA Indiana March 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)**

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# **Stop Medicare Cuts to Providers – Extend Sequestration Moratorium**

Congress must pass legislation that extends the current moratorium on the automatic 2% Medicare sequester cut — also referred to as sequestration — during the COVID-19 Public Health Emergency. This cut impacts Medicare payments to all providers and facilities, and it currently expires on March 31.  We hear Congress is moving forward with legislation this week and we need you to take action now.

Physical therapists, physical therapist assistants and other health care providers still need support to maintain stability as the COVID-19 pandemic continues. Congress can help by extending the current moratorium through the end of the PHE.

[**Take action today and ask your members of Congress to pass legislation to extend the current moratorium on the Medicare sequestration cut before April 1.**](https://www.votervoice.net/BroadcastLinks/3hdVj01Gvku8n4WaGU85Hw)

# **Support Permanent Access to Telehealth for Therapy Under Medicare**

The APTA-supported Expanded Telehealth Access Act of 2021 (H.R. 2168) has been introduced by Reps. Mikie Sherrill, D-NJ, and David McKinley, R-WV, in the House of Representatives. This bipartisan legislation would make permanent the current temporary policy that allows physical therapists and physical therapist assistants to deliver and bill for services provided via telehealth under Medicare.

Members, patients, and supporters can take action on H.R. 2168 via the APTA Action Center at: [**https://www.votervoice.net/APTA/campaigns/83020/respond**](https://www.votervoice.net/APTA/campaigns/83020/respond)

**PTA Modifier CMS Update**

US Centers for Medicare & Medicaid Services recently provided more guidance around the use of the PTA modifier with details on the policy for calculating the 10% "de minimis standard" and [**a set of billing examples**](https://www.cms.gov/medicare/therapy-services/billing-examples-using-cqco-modifiers-services-provided-ptas-otas) that illustrate how the CQ modifier should be applied to indicate services provided by a PTA.

The new modifiers will trigger payment at 85% of the applicable fee schedule rate beginning in 2022. APTA has opposed the payment differential, which is required by law.

To help members prepare for the change, the Association created a [**Quick Guide To Using the PTA Modifier**,](https://www.apta.org/your-practice/payment/medicare-payment/coding-billing/mppr/quick-guide-to-using-the-pta-modifier) which has been updated to reflect the new guidance from CMS. Like the CMS resource, the guide contains examples, and includes a handy reference chart and tips on documentation.

Additional resources:

* [**How To Apply the New CQ Modifier**](https://www.apta.org/apta-magazine/2020/03/01/compliance-matters-how-to-apply-the-new-cq-modifier)
* [**The PTA Differential: How We Got Here, and What's Next**](https://www.apta.org/article/2020/02/10/the-pta-differential-how-we-got-here-and-whats-next)
* [**https://www.apta.org/news/2021/03/08/cq-modifier-update-march-2021**](https://www.apta.org/news/2021/03/08/cq-modifier-update-march-2021)

**Merit-Based Incentive Payment System (MIPS) Deadline Extension**

CMS reopened an application process that allows providers to reweight categories in light of "extreme and uncontrollable circumstances" related to the COVID-19 pandemic. The deadline for application is now March 31.

CMS’ Quality Payment Program will allow clinicians to apply for a reweighting of any or all MIPS performance categories to 0% for performance year 2020. The option is known as the "[**Extreme and Uncontrollable Circumstances Exception**](https://qpp.cms.gov/mips/exception-applications#promotingInteroperabilityHardshipException-2020)."

Check APTA’s article, [**Providers Get Another chance at MIPS Reporting Relief**](https://www.apta.org/news/2021/02/26/mips-euc-reopen-feb-2021?fbclid=IwAR3XPqK0HA9cPlroFu2dnD2uq9FknC8kZXsIyV2p5BZIvoH0MtEoodrkWT4), for more information.

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

**Information Blocking**

The new information blocking rules take effect April 5, 2021. APTA has issued a [**practice advisory**](https://www.apta.org/your-practice/compliance/health-information-technology-and-patient-privacy/information-blocking/practice-advisory) for practice owners and organization administrators, staff PTs and PTAs, and health IT developers to understand and prepare for the opportunities and implications of this new rule.

ONC defines information blocking as “practices likely to interfere with, prevent or materially discourage access, exchange or use of electronic health information.” The rule defines what electronic health information health care providers including PTs and other entities must make available, and establishes eight exceptions to the rule.

Under the rule, IT developers and health care providers 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. A thorough understanding of what information blocking means, and how you can comply with the rule, is an essential part of PT practice.

For more information, please check out this recent [**podcast**](https://www.apta.org/apta-and-you/news-publications/podcasts/2021/understanding-information-blocking) from APTA on the topic and refer to November 2020’s APTA Indiana Practice and Payment Update for additional resources.

**APTA Guidance: Recent Identified Contracting Issues**

APTA has seen an increase in commercial payers applying extrapolation and fees for electronic fund transfers (EFTs) and Virtual Credit Cards (VCCs).

* Extrapolation is the use of statistical sampling for overpayment estimation. Traditionally seen with Medicare.
* Up to a 5% EFT fee has been imposed on providers.
* Virtual Credit Cards (VCCs) are becoming more common. Up to a 5% fee has been reported to be imposed on the provider.

What Should Providers Do?

* Carefully review payer contracts and all amendments. At minimum, re-review all contracts annually. Keep abreast of payer newsletters.
* Pay attention to the presence or absence of language related to extrapolation, EFTs and/or VCCs.
* If extrapolation language is present, ask that it be removed or that a statement be included that extrapolation is prohibited without the provider’s consent.
* Identifying those entities that are unfairly charging for an EFT, contact them and request the no cost version of the EFT transaction.
* Challenge virtual credit card payments and/or any associated fees (APTA templates).
* Consult with an attorney for legal counsel and advice.

**NCCI Edit Files**

Click [**HERE**](file:///C:\Users\vahet\ALP-Org.Mgmt%20Dropbox\Clients\Indiana%20Chapter\Committees\Practice%20&%20Payment\CMS%20NCCI%20Edits%20April%201,%202021.xlsx) for common physical therapy NCCI edits of CMS, version 27.1, effective 4/1/21 through 6/30/21, both for hospitals and private practices, unless specifically indicated. Click [**HERE**](https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits) for a full listing of all hospital and private practice edits from CMS.

**Telemedicine**

The Indiana Governor has continued to extend telemedicine privileges through the public health emergency through March 31, 2021 with his most recent [**Executive Order 21-05**](https://www.in.gov/gov/files/Executive-Order-21-03-Eleventh-Renewal-of-Emergency-Declaration.pdf). Check for April updates near the end of March [**HERE**](https://www.in.gov/gov/governor-holcomb/newsroom/executive-orders/), to be directed to current and past Executive Orders.

Please see the following links for the temporary and/or permanent 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 Payers**](file:///C:\Users\vahet\ALP-Org.Mgmt%20Dropbox\Clients\Indiana%20Chapter\Committees\Practice%20&%20Payment\Feb.%202021%20Commercial%20Payer%20Telehealth%20or%20E-Visits%20Coverage%20.pdf), and State: IHCP Bulletins: [**BT202040**](file:///C:\Users\vahet\ALP-Org.Mgmt%20Dropbox\Clients\Indiana%20Chapter\Committees\Practice%20&%20Payment\Home%20Health%20IN%20Medicaid%20telemedicine%20BT202040%20(1).pdf) (Home Health Agencies), [**BT202022**](file:///C:\Users\vahet\ALP-Org.Mgmt%20Dropbox\Clients\Indiana%20Chapter\Committees\Practice%20&%20Payment\BT202022%20(1)telemedicine%20COVID.pdf) (Billing Guidance 3/2020), [**BT2020106**](file:///C:\Users\vahet\ALP-Org.Mgmt%20Dropbox\Clients\Indiana%20Chapter\Committees\Practice%20&%20Payment\BT2020106%209-24-2020%20(1).pdf) (Revised Billing Guidance).

**United Healthcare (UHC)**

UHC has revised the following therapy coverage determination guidelines and medical policies:

UHC Commercial Medical Policy Update - Effective May 1, 2021

* Habilitative Services and Outpatient Rehabilitation Therapy – Click [**HERE**](https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/commercial/habilitative-services-outpatient-rehabilitation-therapy-05012021.pdf) to access.

UHC Oxford Medical Policy Update - Effective June 1, 2021

* Outpatient Rehabilitation Therapy Services Policy – Click [**HERE**](https://www.uhcprovider.com/content/dam/provider/docs/public/policies/index/oxford/outpatient-rehabilitation-therapy-services-ohp-06012021.pdf) to access.
* This policy applies to services reported using the UB04 claim form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network outpatient hospital claims.

**Anthem**

**Frequency Editing - Professional Update**

Anthem Indiana, January 1, 2021 announced a [**4 unit per visit limit**](https://providernews.anthem.com/indiana/article/reimbursement-policy-update-frequency-editing-professional-9) that would be in effect as of April 1, 2021. March 12, 2021 Anthem communicated to APTA that it will **not** implement the 4 unit per visit/1-hour limit this year in Indiana or any other state. Please contact APTA Indiana if you have this frequency edit applied to your practice.

**AIM: Peer to Peer Review Scheduling**

If you are experiencing long wait times scheduling peer to peer reviews via AIM Specialty Health at 877-430-2288, AIM Specialty Health Provider Portal and Optinet Support Line at 800-252-2021 (option 2), is an additional option and has been reported to APTA to cut down on the wait times when calling to schedule an internal review.