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***DECEMBER 2020***

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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9% Fee Reduction Issued by Centers for Medicare & Medicaid (CMS)

As of this date, CMS is adopting reimbursement reductions for physical therapy and dozens of other provider specialties beginning January 1, 2021 under the 2021 Medicare Physician Fee Schedule. From APTA: “*The conversion factor for CY 2021 is $32.4085, a reduction of $3.6811 from the CY 2020 conversion factor”*.

This reduction is a result of certain provider types, in particular, primary care providers, receiving increases in payment for Evaluation & Management (E/M) services. CMS is required by congress to maintain a budgetary balance so payment reductions for therapies and other procedural providers were subject to decreases. Only Congress can fix this problem and that is why APTA and APTA Indiana have been pleading with ALL therapists to contact their Congressional Members. As of this newsletter, there is currently a bill in the House, H.R. 8702 and Senate, S. 5007, that would stop the implementation of these cuts for two years, but permit the E/M codes to go through, if passed.

One element of this re-evaluation of codes is that Physical Therapists WILL experience an increase in our evaluation and re-evaluation codes. From APTA: “*Within the final rule, CMS is increasing the work RVUs for physical therapy evaluations (97161-97163), from 1.2 to 1.54 and the physical therapy re-evaluation (97164) from 0.75 to 0.96.*

***Medicare Telehealth***

CMS does NOT have the authority to permanently add PTs and PTAs as authorized Medicare providers for real-time telehealth services (but will allow e-visits, virtual check-ins, and remote assessment of video or images by PTs- more on this below).

Telehealth Coverage for Physical Therapy services will continue during the Public Health Emergency (PHE). It is currently scheduled to expire on January 22, 2021.

The final rule does include the following codes added to the Medicare telehealth services list on a temporary Category 3 basis: 97161- 97164, 97110, 97112, 97116, 97535, 97750, 97755, 97760, and 97761. After the PHE ends, the broader telehealth coverage will be continued until year end, but ONLY for therapists who are providing services billed incident to the professional services of a physician or practitioner who is authorized to furnish and bill for telehealth services, provided that the “incident to” requirements are met. See section 230.5 in Chapter 15 of the Medicare Manual for “incident to” requirements.

***Clarification of Existing PFS Policies for Telehealth Services***

The final rule also clarifies that if audio/video technology is used in furnishing a service when the beneficiary and the practitioner are in the same institutional or office setting, then the practitioner should bill for the service furnished as if it was furnished in person. The service would not be subject to any of the telehealth requirements under the Medicare telehealth statute and regulations.

***Medicare Direct Supervision Through Virtual Technology***

CMS has finalized a proposal that allows the use of real-time, interactive audio and video technology for direct supervision of a PTA by a Physical Therapist through, at the very earliest, Dec. 31, 2021. If the PHE extends beyond 2021, the cutoff for remote supervision allowances would move to the end of whatever year the PHE ends.

CMS also clarified that telehealth services may be furnished and billed when provided incident to a distant site physicians’ (or authorized NPP’s) service under the direct supervision of the billing professional provided through virtual presence.

***Communication Technology-Based Services***

The final rule allows for forms of remote services by PTs on a permanent basis, designating them as “sometimes therapy” codes — namely, [***e-visits***](https://www.apta.org/news/2020/03/18/furnishing-and-billing-e-visits-addressing-your-questions) (G2061-G2063), [***remote assessments***](https://www.apta.org/your-practice/practice-models-and-settings/telehealth-practice/quick-guide-to-using-remote-evaluations-of-recorded-video-andor-images-by-pts) of recorded content or images from an established patient (G2010), and [***virtual check-ins***](https://www.apta.org/your-practice/practice-models-and-settings/telehealth-practice/quick-guide-to-using-virtual-check-ins-by-pts) (G2012). CMS states in the final rule that it is replacing HCPCS codes G2061-G2063 with CPT codes 98970-98972. CMS also developed HCPCS codes identical to the existing virtual therapy codes (G2010 and G2012). These are G2250 and G2251, respectively. These two codes mirror G2010 and G2012 that CMS allowed nonphysician practitioners to bill during the public health emergency (PHE).

These HCPCS Level II codes are not applicable in the non-private practice setting that submit claims on the UB-04 claim form.

***Medicare Maintenance Therapy Provided by PTAs and OTAs***

CMS makes permanent a Part B policy for maintenance therapy services that grants a physical therapist (PT) and occupational therapist (OT) the discretion to delegate the performance of maintenance therapy services, as clinically appropriate, to a physical therapist assistant (PTA) or an occupational therapy assistant (OTA). PTs still are expected to abide by existing rules that require use of the CQ modifier when services are provided "in whole or in part" by the PTA.

***Flexibility with Medical Record Documentation***

CMS clarified that PTs who are authorized to furnish and bill for their professional services may review and verify (sign and date) the documentation in the medical record for the services they bill, rather than re-document notes in the medical record made by therapy students or other members of the medical team. While any member of the medical team may enter information into the medical record, only the reporting therapist may review and verify notes made in the record by others for the services the reporting therapist furnishes and bills. The information entered into the medical record must support that the furnished services are reasonable and necessary.

***Merit Based Incentive Payment System (MIPS)***

CMS made few changes for 2021 in light of the disruption caused by the COVID-19 pandemic.

Highlights include:

* Performance Threshold (points needed to avoid penalties) for 2021: Maintains 60 Points
* Continued Reweighting of Promoting Interoperability and Cost Categories for PTs.
* Delayed Implementation of MIPS Value Pathways
* MIPS Reporting Category Changes: Added Process Measures #283 (Dementia-Associated Behavioral and Psychiatric Symptoms Screening and Management), #286 (Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia), and Removal of #282 (Dementia: Functional Status Assessment) From the PT/OT Specialty Set
* Existing Measures Being Adjusted in the Final Rule, for Implementation in the 2023 Payment Year, Include:
	+ Measures #283, #286, and #288 - CMS is Updating the Denominator to Add Telehealth as an Eligible Encounter
	+ Measure #226 (Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention) - CMS is Updating the Denominator for All Collection Types to Add MIPS-Eligible Physical Therapy Clinicians and Telehealth as Eligible Encounters for All Submission Criteria
* See A Complete List of Changes to the Measures in Appendix 1, TABLE Group D, in the Rule (beginning on page 1850 of the unpublished version of the rule)

See [***Final MIPS Rule Contains Minimal Changes***](https://www.apta.org/article/2020/12/08/final-qpps-rule) by APTA for more details.

***Resources:***

[***https://www.apta.org/article/2020/12/02/final-2021-pfs***](https://www.apta.org/article/2020/12/02/final-2021-pfs)

[***Finalized 2021 Physician Fee Schedule***](https://www.cms.gov/files/document/12120-pfs-final-rule.pdf) ***|*** [***CMS Fact Sheet***](https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-1)

***KX Modifier Threshold Amount for 2021:***

CMS released the 2021 Annual Update of Per-Beneficiary Threshold Amounts. For CY 2021, the KX modifier threshold for physical therapy & speech-language pathology services combined is $2,110; the KX modifier threshold for occupational therapy is $2,110. The targeted medical review threshold remains at $3,000 until CY 2028, at which time Medicare will update it based on the Medicare Economic Index.

For more information, view the MLN Matters article here: [***MM12014 (cms.gov)***](https://www.cms.gov/files/document/mm12014.pdf)

***National Correct Coding Initiative Edits (NCCI Edits)***

From APTA: In the new edit set that will take effect on Jan. 1, many of the problematic code pairs have been resolved. For details, see the ***Jan. 1, 2021 edition of the National Correct Coding Initiative's procedure-to-procedure edit tables***. The list reports which CPT codes are prohibited from being billed together unless paired with the 59 or X modified or paired at all. The retroactive change applies to both facilities and office-based settings.

The code pairing restrictions that have been eliminated in both office and facility-based settings include:

97110 with 97164 (Re-Eval)

97112 with 97164

97113 with 97164

97116 with 97164

97140 with 97164

97150 with 97164

97530 with 97116

97530 with 97164

99281-99285 with 97161-97168

97161-97163 with 97140

97127 with 97164

97140 with 97530

97530 with 97113

See: [***https://www.apta.org/article/2020/12/04/ncci-coding-edit-change***](https://www.apta.org/article/2020/12/04/ncci-coding-edit-change) for more details.

***INDIANA MEDICAID***

Family and Social Services Administration (FSSA) announced it has selected its managed care entities to serve Hoosier Care Connect members starting 4/1/202. They include Anthem, Managed Health Services (MHS), and UHC.

Hoosier Care Connect is a healthcare program for individuals who are aged 65 and older, blind or disabled, and not eligible for Medicare.

See [***BT2020124***](https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJlbWFpbCI6ImFuZHJlYWxhdXNjaEBpbmFwdGEub3JnIiwiYnVsbGV0aW5fbGlua19pZCI6IjEwMSIsInN1YnNjcmliZXJfaWQiOiIxMTkxNTI1NzA2IiwibGlua19pZCI6IjExMzY5ODUyMzMiLCJ1cmkiOiJicDI6ZGlnZXN0IiwidXJsIjoiaHR0cDovL3Byb3ZpZGVyLmluZGlhbmFtZWRpY2FpZC5jb20vaWhjcC9CdWxsZXRpbnMvQlQyMDIwMTI0LnBkZiIsImJ1bGxldGluX2lkIjoiMjAyMDEyMTEuMzE5MTM5MDEifQ.t4uneTHnJlbjRN_UB-Xg8-kvuJcWMGWqO8oC6NXgxfg)for more information.

***ANTHEM***

Anthem BCBS AIM - Utilization Review Program has implemented a NEW Clinical Policy effective 12/1/20.

See: [***https://aimspecialtyhealth.com/resources/clinical-guidelines/rehabilitation-guidelines/***](https://aimspecialtyhealth.com/resources/clinical-guidelines/rehabilitation-guidelines/) for the guideline.

Key Provisions can be found in the Clinical Guidelines that govern documentation requirements and guidance on Habilitative and Rehabilitative Services including:

* Medical Necessity for Initiation and Preceding With of Physical Therapy Criteria
* Exclusions Including Electrical Stimulation-Unattended, Mechanical Traction for Spinal Conditions, Elastic Taping and Other CPTs
* Limited Dry Needling Coverage of 3 Visits for a Limited Number of Diagnoses

Anthem also provided an [***AIM Rehabilitation Program Helpful Hints document***](file:///C%3A%5CUsers%5Cvahet%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C1S4K0Z6Z%5CAIM_AnthemRehab_Helpful%20Tips%20%2012.1.20%20%281%29.pdf), and announced a CPT Code List Requiring Prior Authorizations: [***Physical Therapy***](Rehabilitation%20Solution%20Physical%20Therapy%20CPTCodes%2012.1%20%281%29.pdf), [***Occupational Therapy***](Rehabilitation%20Solution%20Occupational%20Therapy%20CPTCodes%2012.1.pdf), [***Speech Therapy***](Rehabilitation%20Solution%20Speech%20Therapy%20CPTCodes12.1.pdf)

***TELEMEDICINE***

The Indiana governor has continued to extend telemedicine privileges through the Public Health Emergency through December 31, 2020 with his Executive Order 20-49. Click [***HERE***](https://www.in.gov/gov/governor-holcomb/newsroom/executive-orders/) to be directed to current and past Executive Orders.

As of 12/16/20, as a reminder, many commercial payer telehealth policies are set to expire on 12/31/20 or at the end of the PHE. Cigna and UHC have published permanent telehealth policies effective 1/1/21. Please see the following links for the 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***](file:///C%3A%5CUsers%5Cvahet%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C1S4K0Z6Z%5CCommercial%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***](file:///C%3A%5CUsers%5Cvahet%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C1S4K0Z6Z%5CState%20-%20Nov%202020.pdf): IHCP Bulletins: [***BT202040 (Home Health Agencies)***](file:///C%3A%5CUsers%5Cvahet%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C1S4K0Z6Z%5CHome%20Health%20IN%20Medicaid%20telemedicine%20BT202040%20%282%29%20%281%29.pdf), [***BT202022 (Billing Guidance 3/2020)***](file:///C%3A%5CUsers%5Cvahet%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C1S4K0Z6Z%5CIndiana%20Medicaid%20telemedicine%20BT202022%20%281%29.pdf), [***BT2020106 (Revised Billing Guidance 9/2020)***](file:///C%3A%5CUsers%5Cvahet%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C1S4K0Z6Z%5CBT2020106%209-24-2020%20%281%29.pdf).