



Practice & Payment News

APTA Indiana July 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)

CY 2022 Home Health Prospective Payment System Rate Update Proposed Rule

[CMS to Improve Home Health Services for Older Adults and People with Disabilities](#) with announced CY 2022 Home Health Prospective Payment System Rate Update Proposed Rule that is to be published July 7, 2021. The proposed rule, if finalized, would:

- Expand nationwide the Home Health Value-Based Purchasing (HHVBP) Model.
- Includes proposals and routine updates to the Medicare Home Health Prospective Payment System (HH PPS) and the home infusion therapy services payment rates for Calendar Year (CY) 2022, in accordance with existing statutory and regulatory requirements.
 - The plans include a payment increase of 1.8% for home health agencies that have submitted required quality performance data. For HHAs that didn't submit sufficient (or any) data, rates would decrease by 0.2%.
- Make permanent changes to the home health Conditions of Participation (CoP) that were implemented during the COVID-19 Public Health Emergency (PHE).
 - Including more virtual supervision for home health aides.
- Permit OTs to perform initial assessments. Please see the links below for additional proposed changes or topics of solicited comments.
- A call for comments on health equity.

Please see the links below from CMS and APTA:

- [Proposed Rule](#)
- [Fact Sheet](#)
- APTA Article: [“Proposed 2022 Home Health Rule Puts PDGM Changes on Hold”](#)
- Visit the [APTA Regulatory Action Center](#) to send your comments to CMS.

Effective date: Jan. 1, 2022

Comment Deadline: August 27, 2021

TELEHEALTH

Please see the following updated link for commercial temporary and/or permanent payer policy revisions on telehealth: [Commercial Payers](#).

Indiana Medicaid updated their telehealth policy to include physical therapists as eligible providers as laid out in [Senate Enrolled Act 3](#) that was signed into law April 20, 2021. Please see the following Bulletins for details: [BT202142](#) and [BT202145](#) with updated effective date of effective immediately.

Reminder, physical therapists are eligible to bill Medicare for certain services provided via telehealth for the duration of the public health emergency. Unless the national public health emergency (PHE) is extended, the national PHE emergency is currently scheduled to end July 19, 2021.

ANTHEM

Reminder: Updated AIM Rehabilitative Program: Initial Evaluations and Site of Service Reviews

Effective August 1, 2021, AIM Specialty Health® will expand the AIM Rehabilitative program to perform [medical necessity review of the initial evaluation service codes](#) and requested [site of service](#) (CG-REHAB-10) for physical, occupational and speech therapy procedures for Anthem fully insured members as outlined in the announcement.

AIM will use the Anthem clinical UM guideline, [CG-REHAB-10](#) Site of Care: Outpatient Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services which limits medical necessity of hospital facility outpatient site of care for physical or occupational therapy services, or speech-language pathology services for their fully insured and self-funded (ASO) groups that currently participate in the AIM Rehabilitative program that opted into this members' benefit package.

HUMANA

[Humana Electrical Stimulation \(ES\) and Electromagnetic Therapy for the Treatment of Wounds](#)

Updated Coverage Determination and Limitations policy as of 5/27/2021

[Policy Clarification for Acute Rehabilitation Facilities](#)

Humana Military recently posted a reminder that there is no limit to the number of days for TRICARE admissions to acute rehabilitation facilities. Admissions and continued lengths of stay are based on medical necessity. Recent changes to TRICARE reimbursement methodology for acute rehabilitation facilities does not impact the length of stay for rehabilitation admissions. Discharges or transitions to other levels of care should be based upon medical necessity and the beneficiary's overall treatment plan.

See the [TRICARE Policy Manual, Chapter 7, Section 18.2, Paragraph 3.1](#)

TRICARE

[Podiatrists Prescribing Physical and Occupational Therapy](#)

TRICARE Posts Change Transmittal for TRICARE Policy Manual:

This change will allow podiatrists to prescribe Physical and Occupational Therapy, acting within the scope of their license.

Effective Date: December 17, 2020

Implementation Date: July 16, 2021

UNITED HEALTHCARE (UHC)

[Electrical Stimulation for Treatment of Pain and Muscle Rehabilitation Policy-Indiana Policy](#)

Announced policy's coverage for Functional electrical stimulation and neuromuscular electrical stimulations in specific populations and lists unproven and not medically necessary electrical stimulation treatment under their plan.