APTA Indiana September/October 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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FY 2022 ICD-10 CHANGES EFFECTIVE OCTOBER 1, 2021

As part of the annual updates to ICD-10 that are implemented every October, the ICD-10 code for low back pain (LBP) - M45.5, will no longer exist in the ICD-10 listings after October 1, 2021. It is being replaced by a series of more specific codes, related to LBP:

- M54.50 Low Back Pain, Unspecified
- M54.51 Vertebrogenic Low Back Pain
- M54.59 Other Low Back Pain.

Other Additions Include:

- G44.86 Cervicogenic Headache under G44.8 Other Specified Headache Syndromes
- M45.A Non-radiographic Axial Spondyloarthritis under M45 Ankylosing Spondylitis with 10 more specific codes under M45.A.

Several codes were added to “Factors influencing health status and contact with health services” that could impact a patient’s rehabilitation potential under Chapter 21.

Click **HERE** for the full updated ICD-10 code set.

HERE for the 2022 Code Tables, Tabular, and Index

HERE for FY 2022 ICD-10-CM Coding Guidelines.

APTA has also updated its guidance documents available on the association's webpage on **identifying the correct ICD-10 codes**. This includes a list of commonly used codes in different areas of physical therapist practice.

ANTHEM

AIM Specialty Health Portal Tips

Anthem/AIM Specialty Health recently provided input on common clinical portal errors that when submitted accurately, a larger visit allocation may result.

1. **Accurately complete the functional tools section in the portal.**
   Recommendation: Where possible, in place of writing in a functional tool, choose one(s) from AIM's drop-down list of validated, vetted tools. When written in, this can interfere with the system's ability to assess progress and negatively impact the medical necessity determination and visit allocation. In addition, include an updated functional outcome tool score in subsequent requests to accurately reflect any potential progression of the member. Lastly, utilize the correct scoring scale for the selected tool. The AIM microsite has checklists that contain all (260+) functional tools vetted for inclusion in their program, **www.aimproviders.com/rehabilitation/resources**. When the incorrect scoring scale is used, it can inaccurately reflect a regression of function rather than a progression.
2. **Accurately choose the evaluation complexity.**
   Clinicians at times may not be choosing high complexity evaluation codes when truly warranted, such as for members with more involved CVAs, SCIx, TBIs, and multi-trauma.
3. **Choose "habilitation" when appropriate.**
   It has been found that "rehabilitation" is often chosen when "habilitation" is appropriate. This often impacts determinations and visit allocations. In addition, when habilitation is chosen, providers need to indicate/document that they are treating a chronic condition such as developmental delay. While identification of developmental delay is often based on a physician's diagnosis, it can also be based on the therapist's own evaluation (using standardized assessments). Lastly, within the habilitation pathway, document/indicate the level of severity of the deficit or delay being treated and instead select "unknown." Selecting "unknown" may negatively impact the determination and visit allocation for that request if the member is in fact more severe.

   For additional training, attend AIM Rehab Program webinar training, utilize the AIM Rehab Program authorization request checklist, and refer to the AIM Specialty Health resources.

WPS GOVERNMENT HEALTH ADMINISTRATORS (GHA)

Due to incorrect application of re-evaluation codes noted during recent post payment reviews, WPS provided **this** short video focused on the appropriate use of CPT code 97164 when billing for physical therapy re-evaluation.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Provider Relief Fund (PRF) Reporting

Health Resource and Services Administration (HRSA) announced a 60-Day grace period for period 1 (ending on November 30, 2021). The deadline has not changed, but the grace period allows providers to come into compliance with their Provider Relief fund (PRF) reporting requirements, should they fail to meet the September 30, 2021 deadline. This grace period only pertains to the report submission deadline. There is no change to the Period of Availability for use of PRF payments.

For more details, please click **HERE**.

HHS ANNOUNCES THE AVAILABILITY OF $25.5 BILLION IN COVID-19 PROVIDER FUNDING

The Biden-Harris Administration announced that the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), is making $25.5 billion in new funding available for health care providers affected by the COVID-19 pandemic.

Application instructions for Phase 4 and ARP Rural Distributions

Provider Relief Fund FAQs, click **HERE**.

UHC OXFORD

PT/OT Clinical Policy Change
In-Network subsequent Physical and Occupational Therapy requires utilization review by OptumHealth Care Solutions to determine medical necessity. An initial patient summary form must be submitted to OptumHealth Care Solutions within ten calendar days of the initial visit or prior to the second visit, whichever occurs first.

All services rendered by UnitedHealthcare Choice Plus providers in the service area will be subject to retrospective review.

Click **HERE** for the policy.

APTA PATIENT ACTION CENTER

The Centers for Medicare and Medicaid Services (CMS) Advocacy

If you have not had time to write to your members of Congress regarding the Medicare 2022 Fee Schedule Cuts or support for making telehealth permanent for PTs and PTAs, please act now. Click the links below to access APTA templates that you may complete in minutes.

- **Contact Congress Today and Raise Your Voice Against Medicare Cuts**
- **Support Permanent Access to Telehealth for Therapy: Cosponsor H.R. 2168**