



# Practice & Payment News

## APTA Indiana April/May 2022 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 and Payment Specialist, at [andrealausch@inapta.org](mailto:andrealausch@inapta.org), with questions or to inform the Committee of payor concerns.

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### CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

#### Proposed FY 2023 Skilled Nursing Facility Rule Highlights

- A net estimated 0.7% overall decrease in reimbursement is proposed.
  - The 0.7% decrease is a net result of a -4.6% reimbursement cut with a +3.6% market basket update for SNFs.
    - Reason for the Cut: 2021 PDPM data payments were 5% higher than payments under the RUG system, even with utilization decreased in comparison. CMS proposed a 4.6% cut in reimbursement to meet federal budget neutrality requirements for its programs.
  - A proposed cap on wage index adjustments of 5% to limit the amount a wage index can drop in a given year.

- It proposes to update ICD-10 codes to reflect biannual updates that became effective October 2021.
- Quality reporting proposals including reporting information on influenza vaccination among health care personnel and measure related to self-care and mobility, health equity, and COVID-19 vaccination coverage.
- A pause on readmission measures and considerations of future value-based purchasing program changes.

Deadline for comments on the proposed rule is June 10, 2022.

Resources:

- [Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2023; Request for Information on Revising the Requirements for Long-Term Care Facilities to Establish Mandatory Minimum Staffing Levels](#)
- [CMS Fact Sheet](#)
- [CMS Press Release](#)
- [Proposed FY 2023 SNF Rule: CMS Makes Good on Threat to Enact Cuts](#)

### Proposed FY 2023 Inpatient Rehab Facility Rule Highlights

- A proposed 2% increase in payment.
- A proposed permanent 5% cap on annual wage index decreases.
- A request for comment on a proposed new discharge to home health policy included in the IRF transfer payment policy.
- A request for input on three quality-reporting measure concepts under consideration.
  - Self-care and Mobility in Post-acute Care Settings
  - Health Equity
  - COVID-19 Vaccination Coverage
- Request for input on promoting health equity.
- Quality data reporting on ALL IRF patients.

Deadline for comment on the proposed rule is May 31, 2022.

Resources

- [Proposed FY '23 IRF Rule: 2% Increase Cap on Wage Index Cut, Calls for Input](#)
- [Medicare Program: Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2023 and Updates to the IRF Quality Reporting Program \(proposed rule\)](#)
- [CMS Fact Sheet](#)

### Home Health Services: CSM Update to Chapter 7 of the Medicare Benefit Policy Manual (Pub 100-02)

Highlights:

- Replaced requests for anticipated payments with one-time notices of admission.
- Corrected and clarified who can certify and recertify.

Resource:

- [Learn How CMS Changed Medicare Benefit Policy Manual, Chapter 7 \(PDF\)](#)

### CMS NCCI Edit Update April - June 2021

- Click [HERE](#) for Links to All PTP Edits
- Click [HERE](#) for common PT NCCI Edits
- [How to Use the National Correct Coding Initiative \(NCCI\) Tools \(PDF\)](#)

## WPS GOVERNMENT HEALTH ADMINISTRATORS (GHA)

### [Durable Medical Equipment Documentation Webinar](#)

05/26/2022 — 1:30 PM – 2:30 PM CT (2:30 PM – 3:30 PM ET)

Description: Increase your knowledge of medical record requirements for DME, prosthetics, orthotics, and supplies (DMEPOS). This collaborative A/B/DME event is for providers who prescribe DMEPOS and will include:

- Ordering DME Medical Documentation
- Signature Requirements
- Common Errors, Comprehensive Error Rate Testing (CERT)

- Resources and Reminders
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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### [National Public Health Emergency Extension](#)

Xavier Becerra, Secretary of Health and Human Services, renewed the Public Health Service Act, effective April 16, 2022. PTs along with SLPs and OTs will be able to continue provide services via telehealth for 151 days starting on the first day after the end of the national public health emergency (PHE). Currently the PHE is due to end July 14, 2022.

<https://aspr.hhs.gov/legal/PHE/Pages/COVID19-12Apr2022.aspx>

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## ANTHEM

### [The Anthem, Inc. Name is Changing](#)

Pending shareholder approval, the new name will be Elevance Health.

- Anthem announced that if the name change is approved by shareholder vote, the following will not change:
  - Your Contract, Reimbursement or Level of Support
  - Your Patients' Plan or Coverage
- Anthem will continue to do business as Anthem Blue Cross and Blue Shield.

For more information, please read the [press release](#).

### [Medicare Advantage: Guideline Update](#)

- [AIM Specialty Health Outpatient Rehabilitative and Habilitative Services Clinical Appropriateness Guidelines Updates](#)
  - Effective June 12, 2022
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## UNITED HEALTHCARE

### [Habilitation Services and Outpatient Rehabilitation Therapy Policy Update](#) [Veteran's Affairs Community Care Network Home Health Updates](#)

For dates of service, beginning Jan. 1, 2022, Veteran's Affairs Community Care Network (VA CCN):

- Will not require a RAP or Notice of Admission (NOA) to be included with home healthcare claims submitted to VA.
- Will not implement any of the late penalties since neither a RAP nor NOA is required.
- Will pay claims based on the Health Insurance Prospective Payment System (HIPPS) code submitted on the claim and will look to providers to bill appropriately.

### [Charging Patients for Non-covered Services](#)

The Centers for Medicare & Medicaid (CMS) requires all Medicare members, including Dual Eligible Special Needs Plan (D-SNP) members to know costs prior to receiving non-covered services. You'll need to request a prior authorization if you know or have reason to believe that a service or item for a Medicare Advantage member may not be covered.

- UHC will issue an Integrated Denial Notice (IDN) to you or your patient if it's not covered. The IDN gives the patient their cost for the non-covered service or item and appeal rights.
- Providers will need to include the GA modifier on your claim, stating that a waiver of liability is on file for the non-covered service. This helps to ensure your claim for the non-covered service is appropriately processed as a member liability.

### [Prior Authorization and Clinical Letters are Going Paperless](#)

Beginning May 6, 2022, we will no longer mail prior authorization and clinical decision letters for most UnitedHealthcare plans in the Central, Southeast and Northeast regions. Instead, you'll be able to view them 24/7 through either the UnitedHealthcare Provider Portal or an [Application Programming Interface \(API\)](#) system-to-system data feed.

- This policy excludes UnitedHealthcare Community Plan of Indiana.

### [UHC Provider Portal Resources](#)

To access the portal, you will need to [create or sign in using a One Healthcare ID](#).

With the portal, you can:

- Check Eligibility and Benefits Information
- Submit Prior Authorization Requests
- Access Items in Document Library
- Access Claims Information, Like Status Updates, Reconsiderations and Appeals

### [Healthcare Provider Administrative Guides and Manuals](#)

The guides include but are not limited to:

- Prior Authorization
  - Claim Correction and Resubmission
  - Claim Appeals and Reconsideration
  - Contact Information and Resources
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## **APTA RESOURCE**

APTA recently released resources and statements on term and title protection advocacy, digital health technology and physical therapy, and guidance on telehealth and virtual models due to an increase in media reports and company announcements about the use of digital platforms and technologies that provide “physical therapy” services:

- [Term and Title Protection Advocacy](#)
- [Digital Health Technology and Physical Therapy](#)
- [Telehealth Physical Therapy Is Provided by Licensed Therapists, Not Technology](#)

Please inform [andrealausch@inapta.org](mailto:andrealausch@inapta.org) of concerns of physical therapy services not following the [Indiana Physical Therapy Practice Act](#). The Practice Act states: that “physical therapy” means the care and services provided by or under the direction and supervision of a physical therapist....” and “Physical therapist” means a person who is licensed under this chapter to practice physical therapy. “Physical therapist assistant” means a person who is certified under this chapter”; and assists a physical therapist in selected components of physical therapy treatment interventions.”