



Practice & Payment News

APTA Indiana January/February 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, with questions or to inform the Committee of payor concerns.

CONTENTS

Centers for Medicare & Medicaid Services (CMS)

- DMEPOS Final Rule
- Dry Needling: ABN requirements
- Sequestration Suspension Extension

WPS Government Health Administrators (GHA)

- 2022 Medicare Physician Fee Schedule

Department of Health and Human Services (HHS)

- Public Health Emergency Extension

AIM Specialty Health

- New Contact Center Phone Number for Prior Authorizations

CIGNA/American Specialty Health

- Claims Processing for UE Orthosis

United HealthCare (UHC)

- CQ Modifier Reimbursement Policy

Direct to Employer Contracting

- Background and Resource
- Survey

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

[Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Final Rule](#)

In Summary (effective April 13, 2022):

- CMS chooses to not finalize reforms to the HCPCS Level II application process.
- CMS will continue paying suppliers the 50-50 blend of adjusted and unadjusted fee schedule rates for furnishing items and services in rural and noncontiguous areas of the country. For contiguous, nonrural areas, CMS will pay suppliers 100% of the adjusted fee schedule rates using information from the DMEPOS competitive bidding program.
- CMS streamlines procedure to determine whether prosthetic devices, orthotics and prosthetics, surgical dressings, splints, casts, and other devices fall under the Medicare Part B benefit categories for DME when external stakeholders request a HCPCS Level II code for a new item or service.

Please refer to the final rule or click [here](#) to read APTA's article for more details or other changes that, while not directly related to physical therapy, may impact care.

Dry Needling

In January 2022, CMS clarified, with [APTA](#) guidance, on the use of ABN forms when using codes 20560 or 20561.

According to CMS, PTs do the following to bill for dry needling:

- Provide a mandatory ABN to the patient.
- Include the appropriate code on the claim: 20560 or 20561.
- Append the claim with the GA modifier indicating that you expect Medicare to deny the services, and you have a signed ABN on file.

The reason for the ABN form is that Medicare does cover dry needling for low back pain but not when performed by a physical therapist thus requiring the ABN form and GA modifier.

Sequestration Suspension Extension

The Protecting Medicare and American Farmers from Sequester Cuts Act suspended the 2% sequestration through March 31, 2022. The sequestration payment adjustment will be gradually applied as follows:

- From April 1, 2022 through June 30, 2022, the payment adjustment shall be 1%.
- Effective July 1, 2022, the payment adjustment shall return to 2% for all Medicare Fee- for-Schedule claims.

WPS GOVERNMENT HEALTH ADMINISTRATORS (GHA)

[WPS Indiana 2022 Medicare Physician Fee Schedule](#)

- These rates do not consider MPPR or phase in of the 2% sequestration. Please see [APTA 2022](#) fee calculator for these considerations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Public Health Emergency Extension

On January 14, 2022, the COVID-19 [Public Health Emergency](#) was extended until April 15, 2022 by Xavier Becerra, Secretary of Health and Human Services. This permits the Medicare program to continue to pay for telehealth provided by physical therapists among other professionals through the public health emergency.

AIM SPECIALTY HEALTH

AIM Specialty Health® (AIM)® has created a new AIM contact center phone number for providers to use to call in prior authorization requests for Anthem Blue Cross and Blue Shield (Anthem). Click [HERE](#) for the Indiana phone number effective April 1, 2022.

CIGNA/AMERICAN SPECIALTY HEALTH

American Specialty Health (ASH), [announced](#) that they will process PT and OT claims for UE orthoses for CIGNA beneficiaries.

- Providers must request pre-authorization for orthoses beginning 12/22/21. A notice was posted to providers' ASHLink accounts on 12/22/21 listing the 23 approved orthosis codes and the repair code along with the fee schedule. Fracture braces, shoulder orthoses and most prefabricated orthoses do not appear on the list. Of note, custom fabricated, static elbow orthoses and prefabricated finger orthoses are also omitted. Providers are advised to review the list prior to providing orthoses for patients with CIGNA coverage.
 - ASH will automatically reprocess denied eligible orthosis claims from May 1, 2021 through the end of the year, but practitioners should check to confirm
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UNITED HEALTHCARE

In accordance with the CMS final rule, [UnitedHealthcare Medicare Advantage](#) will reimburse providers with Medicare Fee For Service contract agreements at 85% of the otherwise applicable Part B payment amount when the CQ modifier is attached to a code.

Telehealth

CMS has introduced changes to [place of service codes](#) (POS) that went into effect on January 1, 2022. However, Medicare administrative contractors have been told to hold off on processing claims with these codes until April 4, 2022.

- POS 02 is now described as “telehealth provided other than in patient's home”
- POS 10 was created and described as “telehealth provided in patient's home”

The current guidance can be found in [Chapter 12, Section 190 of the Medicare Claims Processing Manual](#).

Commercial payers may have different start dates for these POS changes. Some commercial payers are already advising providers to start using the POS 2 and 10 codes — Anthem has indicated that it will decrease payment when either POS 2 or 10 is used. Click [HERE](#) for Commercial payer telehealth policies. Click [HERE](#) for more information from APTA.

DIRECT TO EMPLOYER CONTRACTING

Background and Resources

APTA and APTA Indiana have been educating employers on the value of physical therapy as a solution to the high musculoskeletal costs employers are facing on their health plans. Research supports the value of early access to physical therapy and the impact on lowering these costs. See the [APTA IN Direct Access Tool Kit](#) for some of these resources. Interested employers in the state are looking for high value, high quality providers to partner with in addressing their needs and lowering their musculoskeletal expenses.

For more information on readiness considerations for direct employer contracting, model options, and attributes of successfully population health models, check out the link below link:

- [Resource | Tools for Establishing Direct-to-Employer Relationships | APTA.](#)
- [Direct-to-Employer Services: Why PTs Should Work With Employers to Manage Population Health](#)
- [Employer Education Material](#)

Survey

If you or your employer work directly with other employers or you are interested in this type of contract, please complete the Employer Survey below. This information will assist APTA Indiana understand what services physical therapists are providing employers in the state and develop resources to help members successfully work directly with employers. Your responses will be kept confidential. If you have questions, please reach out to andrealausch@inapta.org.

Click [HERE](#) for the Survey.