



Practice & Payment News

APTA Indiana July 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.

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CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

Proposed 2023 Medicare Part B Physician Fee Schedule Summary:

- **Conversion Factor Cut**
 - The conversion factor, which is used in the formula to determine code valuation, was reduced to \$33.08 from \$34.61, a 4.42% decrease.
 - CMS also estimates an additional 1% decrease in payment for outpatient physical therapy services due to changes in the work, practice, and malpractice expense RVUs of the CPT codes billed by PTs.
- **Telehealth**
 - Therapy services provided via telehealth will be permitted only through the duration of the PHE, plus the 151 days past the PHE tacked on by Congress.
 - Category 3 therapy telehealth codes were added to the list. Only physicians and nonphysician qualified providers may bill and be reimbursed for services in this category. As a result, therapists who bill "incident to" a physician or qualifying nonphysician practitioner, therefore may provide services via telehealth through the end of CY 2023. In the event that the PHE extends well into CY 2023, CMS noted they may consider revising this policy.
 - Codes included on the Category 3 list relevant to therapy services, include: 90901, 97110, 97112, 97116, 97150, 97161-97164, 97530, 97535, 97537, 97542, 97750, 97755, 97763, 98960-98961.
- **Relative Value Unit Weighting**

- CMS proposes to rebase and revise the Medicare Economic Index and make the practice expense portion of the formula to determine code value a larger portion of the total calculation, which shapes final payment amounts. CMS projects the policy could increase payment for physical therapy by 2%. At the earliest, this policy could be implemented in 2024.
- **Remote Therapeutic Monitoring**
 - Codes 98980 and 98981 are proposed to be replaced with two new codes: GRTM2 (RTM treatment assessment services, first 20 minutes) and GRTM4 (RTM treatment assessment services, additional 20 minutes).
- **Merit-Base Incentive Payment Program**
 - Proposed increase in data completeness criteria from 70% to 75%, beginning with the 2024 performance period.
 - Proposed inclusion of health equity measures as a high-priority measure.
 - Nine new quality measures - three that PTs may use: urinary incontinence, rheumatoid arthritis, and screening for social drivers of health.
 - No significant changes around MIPS eligibility or MIPS weighting (30% quality, 30% cost, 15% improved activities, and 25% interoperability).
 - PT exemption from reporting on interoperability is to end in 2024.
 - Practices with 15 or fewer eligible clinicians, however, will remain exempt from reporting on the reporting interoperability category.
- **Direct Supervision Conducted Virtually**
 - For PTAs working in a private practice setting, virtual direct supervision will be permissible through the calendar year in which the PHE ends.
- **New Chronic Pain Management and Treatment Codes**
 - CMS is proposing to HCPCS G-codes to describe monthly Chronic Pain Management and Treatment (CPM) services: GYYY1 and GYYY2 to be billed by a physician or other qualified health care professional, per calendar month. Although these codes are likely not to be covered by a physical therapist, physical therapists may be involved in the care coordination between relevant practitioners furnishing care, opening the possibilities of increased access to PT for patients with chronic pain. Comments may be submitted to have CMS clarify in the final rule if PTs may bill and be reimbursed for the proposed new codes.

Resources:

- [Proposed 2023 Medicare Part B Physician Fee Schedule](#)
- [Takeaways From the Proposed 2023 Medicare Physician Fee Schedule, Part 1 Takeaways From the Proposed 2023 Medicare Physician Fee Schedule, Part 2](#)

HEALTH AND HUMAN SERVICES (HHS)

On July 15, 2022, Xavier Becerra, Secretary of Health and Human Services, extended the [National Public Health Emergency \(PHE\)](#), due to continued consequences of the COVID-19 pandemic. The new expiration date is October 13, 2022.

- What does this mean?
 - Outpatient PT, OT, and SLP therapy services delivered via telehealth, will continue to be reimbursed by CMS during the PHE and for a 151-day period following the first day after the end of the PHE. Following this period, therapy services delivered via telehealth will no longer be a covered service.
 - PTA supervision during the PHE and up to the end of the year in which the PHE ends (currently December 31, 2022), may continue via real-time, interactive audio and video technology for outpatient therapy services in a private practice setting. Following this period, direct supervision requirements will resume per the Medicare Benefit Policy Manual, Chapter 15, [Section 230.4B](#).

WPS

New Targeted Probe & Educate (TPE) Reviews

Over the next four to five months, WPS's Medical Review (MR) Department will be initiating new TPE reviews. Providers selected for review can expect to receive a notification letter prior to the start of TPE. Topics selected include inpatient rehabilitation, inpatient skilled nursing facility (SNF) services among other areas.

For more information on the TPE process see [Targeted Probe and Educate \(TPE\) Review Process](#).

Providers selected for review can also refer to the service specific resources found on WPS's [Claim Review Guides and Resources](#) web page

UNITED HEALTHCARE (UHC)

Coding Edits 97530 and 97140

APTA clarified the NCCI edit policy with UHC. Members have been reporting denial issues specifically in regard to billing 97530 and 97140 on the same date of service. APTA requested the policies for the respective lines of business. Below are the links to UHC NCCI Edits policy, indicating the payer follows AMA and CMS NCCI edit guidelines. Please share claim examples of denials with APTA/APTA Indiana if you are experiencing denials with these code pairs, so UHC may research it to determine if there is an issue.

- Medicare & Retirement
 - Policy: [Rebundling and NCCI Edits, Professional - Reimbursement Policy - UnitedHealthcare Medicare Advantage \(uhcprovider.com\)](#)
- Commercial
 - Policy: [Rebundling Policy, Professional - Reimbursement Policy - UnitedHealthcare Commercial Plans \(uhcprovider.com\)](#); [CCI Editing Policy, Professional - Reimbursement Policy - UnitedHealthcare Commercial Plans \(uhcprovider.com\)](#)
- Community & State
 - Policy: [CCI Editing Policy, Professional and Facility - Reimbursement Policy - UnitedHealthcare Community Plan \(uhcprovider.com\)](#)

Resources for Latest CMS NCCI Edits:

- [CMS PTP Coding Edits](#)
 - APTA IN Common List of NCCI Code Pairs 7/1/22-9/30/2022
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EVICORE

For health plans that have contracted with Evicore, Evicore is offering portal training sessions, twice per quarter, specific to PT, OT, and SLP providers. The purpose of the sessions is to maximize your portal experience and provide an online orientation session free of charge. They last approximately one hour.

If this interests you, please go to: <https://evicore.webex.com>

- Select "WebEx Training" from the Dropdown Menu in the Top Left Corner
- Click the "Upcoming" Tab
- Type "**Therapy Provider Portal Training**" in the Search Box at the Top
- Click "Register" Next to the Session You Wish to Attend
- Enter the Registration Information

After you've registered for the training, you'll receive an e-mail containing the meeting information and a link to the web portion of the session. **It's important to keep this registration e-mail so you'll have the necessary information to join the training.** You'll also have an option to add the session to your calendar.

For more information on the Evicore Musculoskeletal Program and FAQs, please click [HERE](#).

EMPLOYER-PROVIDED HEALTH COVERAGE ADVOCACY

The [Alliance to Fight for Health Care](#) supports efforts to educate policymakers and the public about the value of employer-provided health coverage. The Alliance works with grassroots advocates and stakeholders throughout Indiana to ensure that employer-provided health care coverage remains an available and affordable option for working Americans.

Please consider joining their efforts through educating your legislators and local communities on the value of employer-provided coverage and policies. The links below include steps to write your Members of Congress or local editors,

informational content on the status of Indiana's employer-sponsored plans, and details on AHIP's Coverage@Work initiatives and policies to consider for the future of health care.

Resources:

- [Indiana State Data Employee Health Plans](#)
- [Coverage@Work](#) – AHIP
 - [SURVEY SAYS: Employer-Provided Coverage Delivers Health & Financial Security for Families](#)

How to Get Involved:

- Letter to the Editor - Contact Kelsey Cook at kelsey@afhathaway.com to indicate interest and begin the process.
- Letter to a Member of Congress - Contact Kelsey Cook at kelsey@afhathaway.com to indicate interest and begin the process.