APTA Indiana | Practice & Payment News

APTA Indiana March 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)

Telehealth Extension

Due to passage of the Consolidated Appropriations Act 2022, that was signed into law by President Biden on March 11, 2022, PTs, along with SLPs and OTs, will be able to continue to 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 on April 15, 2022.

For more information on the package, see the APTA **article** or page **1901** of the ruling.

MIPS

March 31, 2022, is the deadline for MIPS-eligible clinicians, who participated in the 2021 performance year of the Quality Payment Program, to get their data into CMS and avoid penalties.

- The **MIPS Extreme and Uncontrollable Circumstances Exception** application allows you to request re-weighting for any or all performance categories, if you encounter an extreme and uncontrollable circumstance or public health emergency, such as COVID-19, that is outside of your control.
    - The MIPS automatic extreme and uncontrollable circumstances policy applies to all individual MIPS eligible clinicians for performance year 2021. The QPP program reopened the 2021 MIPS EUC application to allow groups, virtual groups and APM Entities to submit an application requesting MIPS performance category re-weighting due to the ongoing COVID-19 public health emergency. (Because of the automatic EUC policy, individual clinicians don't need to submit an application.)

Resources:

- To Determine if you are a MIPS-Eligible Provider: **Use the QPP Participation Status Tool**
- To Enroll in the HCQIS Authorization and Profile System, Click **HERE**. Instructions are in the User Guide.
    - APTA Article**: MIPS Submission Period and Exemption Window Closes March 31**

WPS GOVERNMENT HEALTH ADMINISTRATORS (GHA)

Medical Reviewer Feedback for Therapy Services

PTA Services:

- WPS announced, recent medical reviews have identified that physical therapist assistants (PTAs) and occupational therapy assistants (OTAs), are providing services outside of CMS guidelines.
- Click **HERE** to review services that CMS allows coverage of outpatient therapy services under a certified plan of care. The guidelines can also be found in the CMS Internet-Only Manual (IOM) Publication 100-02, **Chapter 15**, Section 220.

Use of Re-eval Code:
WPS also continues to report misuse of the re-eval code. Click **HERE** to review the YouTube video WPS provided on the proper use of 97164.

ANTHEM

Anthem Workers' Compensation Network Update
Cowell James Forge Insurance Group, dba Logicomp, will begin accessing the Anthem Workers' Compensation Network in Indiana, effective March 1, 2022. If you provide treatment to an injured worker from a workers' compensation payor or employer group affiliated with Logicomp, your reimbursement will be based on the Anthem Workers' Compensation rate.

New Provider Effective Date Process
Effective January 1, 2022, the Anthem effective date policy was updated. This process applies to Anthem networks in Indiana, including Commercial, Medicare Advantage HMO/PPO, Hoosier Healthwise, Hoosier Care Connect, Healthy Indiana Plan and Worker's Compensation. See **Anthem Provider Communication** for more information.

Review Online Provider Directory Information
The Consolidated Appropriations Act (CAA) contains a provision that requires online provider directory information be reviewed and updated (if needed) at least every 90 days to ensure your online provider directory information is current. See **Anthem Provider Communication** for more information.

AIM Specialty Health Outpatient Rehabilitative and Habilitative Services Clinical Appropriateness Guidelines Updates
Effective for dates of service on and after June 12, 2022, the following updates will apply to the **AIM Specialty Health® (AIM)* Outpatient Rehabilitative and Habilitative Services Clinical Appropriateness Guidelines**.

Physical and Occupational Therapy:

- Removed Definition of Evidence-based Therapy and Added Definition for Functional Progress
- Added Examples of the Following:
    - Appropriate Goals
    - Skilled Intervention Documentation
    - Clinically Meaningful Improvement and Functional Progress
    - Rehabilitation Purpose

- Physical Therapy and Occupational Therapy Adjunctive Treatments:
  - Removed Dry Needling Indication
  - Edited Exclusions
- See Guidelines for SLP Changes and Further Details
- Providers may send comments to: **aim.guidelines@aimspecialtyhealth.com**. Please be aware that AIM will not reflect your comments or input in this version of the guidelines, but will consider feedback for future iterations of the document.

Change to the Federal Employee Program Clinical Grievance and Appeal Address

The Federal Employee Program (FEP®) is making an address change for the clinical grievance and appeal submissions to help accommodate recent office environment and staffing changes. Click **HERE** for new contact information.

New Prior Authorization Requirement for K1022

On June 1, 2022, prior authorization (PA) requirements will change for a code covered by Anthem Blue Cross and Blue Shield. Noncompliance with new requirements may result in denied claims.

Prior Authorization Requirements will be Added for the Following Codes:

- K1022 — Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type.

UNITED HEALTHCARE

Electronic Payments Required for Claim Payments Starting June 1

Effective June 1, 2022, in accordance with your contractual agreement that you do business with us electronically, UnitedHealthcare is no longer sending paper checks for claim payments. This change supports our continued efforts to accelerate payments to your practice by moving to digital transactions. Click **HERE** for more information.

Revised Negative Pressure Wound Therapy Medical Policy with an Effective Date of May 1, 2022

- Most notably, UHC revised the list of indications and devices that are unproven and not medically necessary.
- To access this revised policy, click **HERE**.

New 90-day Demographic Verification Requirement

For health care professionals who see members covered by an Individual Exchange or Individual and Group Market (commercial) health plan, you're required to follow this new timeline to meet requirements of the Consolidated Appropriations Act of 2021. UHC may remove health care professionals from the network directory if we have been unable to verify information.

Click **HERE** for more information, including how to verify your demographic information.

APTA RESOURCE

State Payer Advocacy Resource Center (SPARC)

APTA and the Private Practice Section have developed a new member benefit to ease administrative burden so physical therapists can spend more time caring for patients. The **State Payer Advocacy Resource Center** is aimed at addressing state-level administrative burden and utilization management issues with commercial payers, state Medicaid programs, and more.

APTA and PPS collaborated on this **suite of payment advocacy tools, hosted as a resource center on the PPS website** and is available free to all APTA members.