# APTA Indiana August/September 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)

### Skilled Nursing Facilities: Final Prospective Payment System Rule Summary

CMS issued the Fiscal Year (FY) 2023 Skilled Nursing Facility (SNF) Prospective Payment System final rule to update payment policies and rates. See a summary of key provisions, effective October 1, 2022:

- 2.7% net payment rate increase for skilled nursing facilities.
- Patient Driven Payment Model parity adjustment recalibration (use the FY 2023 proposed rule **calculator** to learn more) and changes in ICD-10 code mappings.
- Permanent 5% cap on annual wage index decreases.
- SNF Quality Reporting Program: Compliance date revisions for certain requirements, new influenza vaccination coverage for healthcare personnel measure and regulation text revisions.
- SNF Value Based Purchasing: Do not apply the SNF 30-Day All Cause Readmission Measure for the FY 2023 program year and add 3 new measures for FY 2026 & 2027 program expansion years.
- Inpatient Rehabilitation Facility: Final Prospective Payment System Rule

CMS issued the **Fiscal Year 2023 Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS)** final rule to update Medicare payment policies and rates. See a **summary of key provisions**, effective October 1, 2022:

- Updated IRF PPS payment rates by 3.9% with estimated overall payments to increase by 3.2% after productivity and outlier adjustments.
- Applied a permanent 5% cap on annual wage index decreases.
- Expanded quality data reporting on all IRF patients, regardless of payer.

- Postpones implementation of a requirement that IRFs fill out the IRF Patient Assessment Instrument on all patients, regardless of payer.

## Send Your Comments to CMS Opposing Medicare Cuts

Please take a few minutes and **send a comment** in opposition of Medicare cuts in the 2023 Medicare Physician Fee Schedule.

The Centers for Medicare & Medicaid Services is proposing a conversion factor update of $33.0775, a 4.4% decrease from the 2022 $34.6062 conversion factor. The proposal continues a concerning trend, as CMS is again forcing physical therapists and other providers to absorb the impact of decreasing payment rates as a result of previous policy decisions.

While the cuts remain a critical issue, CMS provides several opportunities for PTs to provide comments that demonstrate the value of physical therapy and other underutilized, high-value services under Medicare, aiming to improve beneficiary access and care value. Finally, CMS is seeking comments on whether it should make virtual direct supervision of physical therapist assistants permanent once the public health emergency has ended. While general supervision remains the ultimate goal, it's important to emphasize that, at a bare minimum, virtual supervision should be made permanent to promote access, flexibility, and continuity of care.

We need you to submit a comment to CMS on this issue. **Please use this template to send a comment to CMS** through APTA's Patient Action Center or consider submitting a personalized comment letter on the proposed PFS rule using **APTA's comment letter guide** and submission tool, which can be accessed through **APTA's Regulatory Action Center page**. Adding a personal story is important, as CMS is emphasizing the need for individual provider perspectives this year.

The deadline to submit comments is **Sept. 6**. Please act now and encourage others to **send a comment of their own**.

Thank you for your advocacy and making a difference on behalf of the physical therapy profession and the patients we serve.

## CMS' NCA on Power Elevation Systems

The Centers for Medicare & Medicaid Services (CMS) has opened a Medicare national coverage analysis (NCA) for power seat elevations systems. The purpose of this National Coverage Analysis is to determine if the use of power seat elevation systems in association with Group 3 power wheelchairs for the purpose of performing non-level transfers, is a medical function that would, in conjunction with other factors and considerations, allow a benefit category and coverage determination for these systems (i.e., payment).

The decision by CMS to open the NCA is due to the efforts of the Independence Through Enhancement of Medicare and Medicaid Coalition (ITEM Coalition) of which APTA is a long-time member. The ITEM Coalition is a national consumer and clinician-led coalition advocating for access to and coverage of assistive devices, technologies, and related services for persons with injuries, illnesses, disabilities, and chronic conditions of all ages.

Information on the NCA can be found on the CMS website at: **NCA - Seat Elevation Systems as an Accessory to Power Wheelchairs (Group 3) (CAG-00461N) - Tracking Sheet (cms.gov)**

***Background on the Issue***
The Medicare program currently prohibits coverage for seat elevation in power wheelchairs and views such systems as "not primarily medical in nature." Contrary to their argument, we know it can be difficult to navigate daily activities for those who use a wheelchair, as they allow clients to safely transfer from a wheelchair to another surface, particularly if it is not level with their chair; function independently at home as much as possible; and improve circulation, bone strength, and skin health, along with other medical benefits when spending long periods of time in a wheelchair. The ITEM Coalition, which APTA is a member, has long advocated for coverage due to the medical benefits of power seat elevation (and power standing systems), especially for non-ambulatory beneficiaries. Increasing access to these systems would provide beneficiaries with more independence to perform daily activities and avoid countless complications and secondary medical conditions.

***Advocacy to Support the NCA***
The ITEM Coalition has launched a website portal, **www.rise4access.org**, which is serving as a "one-stop shop" for individuals to be guided through the comment process, including background information and materials, instructions on how to submit comments, suggested talking points and sample comments, a public petition, and more. APTA is working with our partners in the ITEM Coalition to spread the word on this opportunity. We would greatly appreciate your

assistance in sharing this resource with members (and their patients) who may be interested in submitting their own comments. **Comments can be submitted to CMS using the resources found on www.rise4access.org – Deadline for comments is Wednesday, Sept. 14, 2022.**

### CMS Seeks Public Feedback to Improve Medicare Advantage

The Centers for Medicare & Medicaid Services (CMS) released a Request for Information seeking public comment on the Medicare Advantage program. CMS is asking for input on ways to achieve the agency's vision so that all parts of Medicare are working towards a future where people with Medicare receive more equitable, high quality, and person-centered care that is affordable and sustainable.

CMS encourages the public to submit comments to the Request for Information. Feedback from plans, providers, beneficiary advocates, states, employers and unions, and other partners to this Request for Information will help inform the Medicare Advantage policy development and implementation process.

**More Information:**

- **Press Release**
- **Request for Information**

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## WPS

### Targeted Probe and Educate Program Quarter 2 Findings – Wound Care

The Medical Review team continues to actively review claims and provide education through the Targeted Probe and Educate (TPE) Program.

Wound Care for CPT 11042 has a trending claim error rate of 43%. The top reason for denial, is the documentation did not contain initial wound measurements. Initial wound measurements are one indicator that can support the treatment plan in accordance with the WPS Government Health Administrators **Local Coverage Determination (LCD) L37228 – Wound Care**.

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## CIGNA

### Cigna PTA Differential and Four Units Per Visit Limitation Policy

Cigna has recently made notice of their intent to impose a four unit per visit limitation and a 15% payment reduction for services provided by a PTA, effective October 15, with TX, KY, CO, and OH starting on November 1. New Cigna policies are described here: **873827_ExternalHCP_Template2014_V2 (mercyoptions.net)** and **CHCP - Resources - Policy Updates July 2022 (cigna.com)**.

Some Details on the Roll Out Include:

- Cigna direct agreements, including outpatient hospital facilities are impacted.
- Cigna out of network providers will be impacted by the policy changes.
- There are no plan exclusions.
- There will be negligible impact for providers contracted with ASH (American Specialty Health). ASH will not implement the PTA/OTA modifiers and the four unit per visit limitation of timed codes is already built into the ASH utilization review process.
- There is an exception process in place, based on medical necessity review with appeal rights for the four unit per visit limitation.
- ASH notified providers on 8/1/22.
- Cigna notified providers around 8/3/22.

APTA and APTA chapters are moving forward with an advocacy effort to challenge the implementation of the PTA differential. As there is an exception procedure in place for the four unit per visit limitation, our effort is focused on the PTA differential. APTA requested further details on the four unit per visit limit and will share once received.

Our next steps are to ask you, our membership, to assist in advocacy efforts. As APTA members and physical therapists, physical therapist assistants, student physical therapists, and student physical therapist assistants, we need you to act. Here are the things you can do now to advocate against the PTA differential policy to ensure your voice is heard.

- Provider Letters: Write a letter to Cigna, addressing how this new policy will affect your clinic setting and your ability to deliver care to Cigna beneficiaries. A template is linked below for your use. To ensure the greatest impact, please be sure to customize the letter and add specific examples from your practice.
- Talk to Your Legislator: While legislative action may not be possible at this time, you can still notify your legislators and make them aware of this Cigna policy change and how it will negatively affect enrollee health, the delivery of physical therapy care, and the other adverse downstream effects. The sooner they hear about it and the greater the frequency, the more likely they will explore action to challenge the policy.

The power of APTA can be leveraged, if you act. The collective strength of our members does matter if we all advocate for our profession and the health of the patients that we serve. Please encourage any non-member colleagues to act and ask them to consider membership, as there is strength in numbers.

Other future steps include working with state-based PT and PTA programs to target student advocacy efforts on this issue. We will also reach out to various businesses and other key entities that can help us in opposing this policy. APTA and APTA chapters are also coordinating the effort with national and state-based Occupational Therapy Associations, as the payment differential will also affect COTA payments.

**Please Address Cigna Correspondence to:**

Joseph DiRienzo, AVP
Strategy & Solutions
National Ancillary & Non-Par Management
Cigna
44 Whippany Rd.
Morristown, NJ 07960

APTA PTA Differential and CQ Modifier Resources:

- **https://www.apta.org/search?Q=PTA+differential&sort=0**
- **https://www.apta.org/apta-magazine/2020/03/01/compliance-matters-how-to-apply-the-new-cq-modifier**

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**APTA INDIANA**

**2022 Payment Survey Results**

- Outreach to Indiana Medicaid
  - Following the completion of the membership survey, a letter will be sent to Indiana Medicaid with a request to meet and discuss ideal solutions.
- Outreach and Advocacy to Other Stakeholders and Professional Associations
- Advocacy to State Legislators
- Prior Authorization Advocacy is a Priority.
  Results Show the Current Prior Authorization Processes Overall Continue to:
  - Present an administrative burden, which contributes to increased costs to practices, either in the way of adding staff to manage the problem or taking therapists away from patient care to assist.
  - Rationales for prior authorization denials are not clear and do not consistently align with evidenced-based practices, patient complexity, and standards of care despite supported documentation.
  - Anthem/AIM, Indiana Medicaid and the associated managed care entities contribute significantly to most of the challenges related to prior authorization issues. Although, other payers also impact care.
  - Patient access to care is being delayed for > 3-5+ days when a peer-to-peer review is required.
  - Excessive wait times of 16-30 minutes, on average, are unreasonable and impacting patient care.
  - Delays in prior authorizations or denials contribute to patient regressions or abandoning care and/or more visits needed due to regressed status.
  - Patients are confused about the reason for denials and their ability to access rehab benefits. This contributes to abandoning care, which negatively impacts total cost of care.
  - Patient Populations Impacted: Chronic Pain (54%), Other Orthopedic (51%), Post-Operative (45.71%), Neurologic (37%), Pediatric (34.29%), Pelvic Health (34%).
- Direct Access Payer Restrictions

    - Most payers identified, included national or government payors, limited by policy or regulation.
- Copays
    - Copays equal to, or greater than, $40, contribute to patients abandoning care or reducing frequency of therapy.
- Telehealth
    - About 55% of members who responded, continue to use telehealth.
    - 38% report payers pay at the same rate as in person, 12% say no, 50% not sure.
    - Those that do not pay the same rate are: Anthem and Indiana Medicaid.
        - Please contact me if you experience reduced rates with Indiana Medicaid. Their current Telehealth policy states Medicaid will pay the same for services provided via telehealth as they do for in person care.
- Topics for interest for resources or webinars in order of interest includes:
    - Defensive Documentation to Reduce Audits or Denials - 75%
    - Understanding the Appeals Process - 63%
    - Innovative Practice and Payment Models - 63%
    - Understanding Remote Therapeutic Monitoring - 48%
    - Best Practices in Telehealth - 40%

The results of the survey will be communicated with Indiana Medicaid and other relevant payers and stakeholders.

### APTA Indiana Payer Reporting Portal

An **APTA Indiana Payer Reporting Portal** has been developed for providers to use as they experience a payer issue in real time. It is geared toward prior authorization issues, but other payer issues are also welcome. This portal will allow APTA Indiana to better track prior authorization and/or other payer issues to develop advocacy efforts, with data to support.

General Instructions for the **Payer Reporting Portal**:

- Please do not provide patient identifiers in the portal. It is strongly encouraged that you log, independently, the prior authorization or record number, payer, and date of the issue you are reporting on.
- If the reason you submit a payer complaint to the portal is due to an issue with a peer-to-peer review or call to the payer, it is advised that the payer, time of call, and name of the payer representative, be logged.
- Please share the link with staff! Analytics state that it may take 4-6 minutes to complete the portal, per submission.
    - Staff may bookmark the link to the portal on their web browser. They do not need to be a member of APTA Indiana to complete the payer reporting issue.
    - The link may also be accessed by phone. Feel free to voice record the issue for easy reporting.