APTA Indiana | Practice & Payment News

APTA Indiana June 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)

Home Health Agencies: Calendar Year 2023 Proposed Rule

CMS issued a **Calendar Year (CY) 2023 Home Health Prospective Payment System (HH PPS) Rate Update** to update Medicare payment policies and rates for home health agencies. Proposals include:

- An approximate 4.2% reduction in payment to maintain a neutral budget. PDGM. Per CMS, this is to offset the unpredicted increase in cost since implementing PDGM in 2020. Significant changes were held off in 2021 and 2022 due to the public health emergency.
- Routine updates to the Medicare HH PPS and home infusion therapy services payment rates for CY 2023.
- Permanent prospective payment adjustment to the home health 30-day period payment rate.
- Requests for input on how best to implement a temporary payment adjustment for CYs 2020 and 2021, and collecting telehealth data on home health claims.
- Proposed end of suspension of outcome and assessment information set data for non-Medicare and Medicaid beneficiaries, beginning in 2025.
- Refinements to value-based payment model definitions.

Resources:

- **Proposed 2023 Home Health Rule: 4.2% Reduction With Warnings of More to Come**
- **Proposed Rule: CY 2023 Home Health Prospective Payment System Rate Update; Home Health Quality Reporting Program Requirements; Home Health Value-Based Purchasing Expanded Model Requirements - Effective Date: Jan. 1, 2023**
- **CMS Fact Sheet**
- **Comment Deadline - August 16, 2022**

Sequestration Reduction Adjustment - Effective July 1, 2022

Starting July 1, 2022, per the Protecting Medicare and American Farmers from Sequester Cuts Act that was signed into law on December 10, 2021, all Medicare Fee-For-Service (FFS) claims will be subject to the full 2% payment reduction.

New Data Added to 2021 Preliminary MIPS Feedback

CMS has added to the **Quality Payment Program (QPP) website,** preliminary performance feedback available of measures and activities you report for MIPS. Please see the website for updates including, but not limited to:

- Final Score Preview Tool
  - Provides clinicians the opportunity to preview their 2021 final score, which will determine their 2023 MIPS payment adjustment.
  - Clinicians are strongly encouraged to contact the QPP Service Center if they have questions or concerns when previewing their 2021 final score.
  - Contact information: 1-866-288-8292 or **QPP@cms.hhs.gov.**
- Medicare Part B claims measure scores for opt-in eligible clinicians in small practices who opted into MIPS.
- Finalized performance category reweighting for groups, virtual groups, and Alternative Payment Model (APM).
- Updated quality scores to account for any performance period benchmarks that could be calculated for quality measures without a historical benchmark.

ICD-10-CM Diagnosis Codes: Fiscal Year 2023

Fiscal year 2023 ICD-10-CM diagnosis code files and guidelines are available on the **2023 ICD-10-CM** webpage. These codes are effective for discharges and patient encounters on, or after, October 1, 2022.

- **2023 Conversion Table (ZIP)**
- **2023 Code Descriptions in Tabular Order (ZIP)**
- **2023 Addendum (ZIP)**
- **2023 Code Tables, Tabular and Index (ZIP)**
- **FY 2023 ICD-10-CM Coding Guidelines (PDF)**

INDIANA MEDICAID

Indiana Health Coverage Programs (IHCP) Adds Coverage for Canalith Repositioning Therapy

As advocated for by APTA Indiana, effective 6/24/2022, IHCP added CPT code 95992 - Canalith Repositioning Procedure(s) Epley Maneuver, Semont Maneuver), per day, for the treatment of benign paroxysmal positional vertigo (BPPV).

- This applies to all IHCP fee-for-service and managed care programs.
- These updates will be reflected in the next regular update to the fee schedules, accessible at: **IHCP Fee Schedules**

Resource:

- **BR202221**

MAGELLAN/NIA

National Imaging Associates (NIA) has issued a new Physical Medicine Guideline, effective July 1, 2022.

Guideline Includes:

- Record keeping Documentation Standard Requirements
- Billing Following Medicare Rules for Reporting Timed Units
- Code Definitions and Parameters for Use
- Outpatient Habilitative PT and OT Therapy

- Passive Treatment Policy
- Measurable Progressive Improvement Policy
  View Full Policy - PDF

Member Tips to Reduce Pediatric Claim Denials Following a Meeting with NIA:

- Maintenance Therapy: Therapists need to be very specific on why skilled care is needed.
- To end a previous authorization, a signed discharge note or discharged addendum by the parent and therapist (along with the initial eval), is required.
- This organization offers habilitative peer to peer reviews.
- Three months is the suggested time frame for revising a plan of care for pediatric cases.
- Referenced goals should be applicable for function in the community.
- NIA is willing to do additional training, upon request.

UNITED HEALTHCARE (UHC)

UHC Medicare Advantage Rehabilitation Coverage Guidelines

- Biofeedback Therapy (NCD 30.1) (new to policy)
  - Biofeedback Therapy is covered only when it is reasonable, and necessary, for the individual patient for muscle re-education of specific muscle groups or for treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm, or weakness, and more conventional treatments (heat, cold, massage, exercise, support) have not been successful.
  - This therapy is not covered for treatment of ordinary muscle tension states or for psychosomatic conditions.
  - **https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-coverage-sum/rehab-medical-ot-pt-st-cognitive.pdf**

Home Health Care Prior Authorization Policy

Starting Oct. 1, 2022, for UnitedHealthcare® Medicare Advantage and Dual Special Needs Plans (D-SNP), you'll need to **request prior authorization** for all visits after the start of care (SOC) visit.

The Visits Included in the Prior Authorization Will Be:

- Continuation of Care
- Resumption of Care (ROC)
- Additional Services
- Recertification

Note: SOC visits do not require prior authorization.

https://www.uhcprovider.com/en/resource-library/news/2022/ct-fl-in-oh-home-health-prior-auth-review.html