APTA INDIANA JULY 2025 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 AND MEDICAID SERVICES (CMS)

2026 Medicare Advantage Final Rule puts on hold and deferred rulemaking that was proposed in the Proposed 2026 Medicare Advantage Rule.

“Policies relating to utilization management, internal coverage criteria, and public data transparency on MA prior authorization were either not finalized or slated to be addressed in unspecified future rulemaking.”
- APTA is advocating the proposed changes for future rule making.
- To further advocacy efforts, APTA is collecting data through a member survey to strengthen advocacy efforts (see below).

Please complete APTA's Medicare Advantage Survey.

Provider feedback can inform APTA's strategies when advocating with Medicare and Medicare Advantage (MA) payers.

The survey aims to identify the scope of ongoing challenges to include:

1. Plan Coverage Criteria (e.g. policies, procedures, or actions that dictate duration/frequency/amount of therapy services covered).
2. Processing of Claims (e.g. timeliness of prior authorization decisions).
3. Adverse Clinical Impacts on Patients (e.g. whether a patient was not able to receive medically necessary care, or had that care delayed, and contributed to the need for additional care, permanent functional limitation, or more costly interventions, such as surgery).
4. Appeals Outcomes (e.g. when claims denials/partial denials are appealed, was your appeal successful?).
5. Specific feedback related to United Healthcare's (UHC's) 2024 PA program.

The survey will remain available until **September 30, 2025**. Thank you for your willingness to answer the "Call to Advocacy"

Below you can find the link or QR code to the survey.

- **link https://forms.office.com/r/mi7T22Jg2g**
- **live QR code (see below)**

APTA Medicare Advantage Survey

Veterans Affairs CHAMPVA Overpayment Recovery Notice

The U.S. Department of Veterans Affairs (VA) is recovering over $41 million in overpaid claims made to providers under CHAMPVA due to a claims processing error involving beneficiaries with more than one other health insurance between October 2021 and December 2024.

Key Points:

- Affected providers will receive a letter with the **overpaid amount**.
- After repayment, you may submit claims to the **secondary payer**; if unpaid in full, resubmit to VA with both **explanations of benefits (EOBs)** for tertiary payment consideration.
- For help, contact the VA's Debt Collection Center at **833-930-0816**.

Review your records and respond promptly if you receive a notification.

MIPS Improvement Activities Suspended 2025 Performance Year

CMS has suspended eight improvement activities for the 2025 MIPS Performance Year. See below and consider other improvement activities to complete for MIPS PY 2025.

The eight Improvement Activities that have been suspended are:

- IA_AHE_5 – MIPS Eligible Clinician Leadership in Clinical Trials or CBPR
- IA_AHE_8 – Create and Implement an Anti-Racism Plan
- IA_AHE_9 – Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols
- IA_AHE_11 – Create and Implement a Plan to Improve Care for Lesbian, Gay, Bisexual, Transgender, and Queer Patients
- IA_AHE_12 – Practice Improvements that Engage Community Resources to Address Drivers of Health

- IA_PM_6 – Use of Toolsets or Other Resources to Close Health and Health Care Inequities Across Communities (Use of toolset or other resources to close healthcare disparities across communities)
- IA_ERP_3 – COVID-19 Clinical Data Reporting with or without Clinical Trial
- IA_PM_26 – Vaccine Achievement for Practice Staff: COVID-19, Influenza, and Hepatitis B

If any of the suspended improvement activities have already been completed or were in the process of being completed, clinicians will still be able to attest to completing them and receive credit. Please review the **2025 Improvement Activities Inventory** for available improvement activities.

- Visit the **QPP website** for more information.

Please Note: CMS is in the process of updating all related resources (i.e. guides, factsheets, webpages, etc.), including the Explore Measures and Activities tool, to indicate these improvement activities have been suspended for PY 2025.

TRICARE WEST

Tricare West Region Referral Waiver Ended

Reminder: If you are required to submit claims to Tricare West, the TRICARE West Region Referral Waiver extension program for Tricare Prime members ended June 30, 2025.

- Click **HERE** for further details on the waiver program.
- Click **HERE** for information on the Tricare payment issue and APTA advocacy work.

ANTHEM

Anthem Policy C-07002 (Effective December 11, 2024)

As Anthem implements **Policy C-07002** (Effective December 11, 2024), it is important for providers to engage collaboratively and provide input on elements that may unintentionally hinder efficient, high-quality care. Two key areas of concern include:

- Unrealistic Documentation Requirements: Anthem's revised policy requires physical therapists to document *start and stop times* for each individual procedure, which is inconsistent with clinical practice, burdensome for providers, and not aligned with Medicare standards.
- Confusing Unit Billing Language: The policy introduces a hybrid billing standard that conflicts with established CPT and CMS rules.

How Providers Can Take Action:

- Providers are encouraged to submit a letter to Anthem requesting revisions to Policy C-07002 regarding these concerns. Letters should specifically urge updates to the "Reporting Guidelines" and "Determining Units" sections to reflect evidence-based care, reduce administrative burden, and align with standard billing practices.
- Submissions can be made electronically. Below is a template letter than may be used to address these concerns.
- Making your voice heard can help protect access to timely, appropriate care for patients and ensure fair, practical expectations for physical therapists.

Anthem Announces Clinical Peer Reviews Per SEA 480

Effective July 1, 2025, according to Senate Enrolled Act (SEA) 480, any prior authorization requests for health care services for covered individuals must be reviewed by a clinical peer as that is defined in the law.

Update on Carelon Prior Authorization Requirements in Response to SEA 480

Click **HERE** to read Carelon's communication regarding updated prior authorization requirements per SEA 480 for Anthem BCBS IN Commercial Fully Insured Members.

Carelon confirmed that further guidance is forthcoming whereby at that time review by Carelon would be after the initial 12 physical therapy treatment visits per episode of care, should the member still require additional skilled services.

Carelon has confirmed they have also distributed internal communication regarding the updated PA policy for Anthem BCBS IN Commercial plans with health plan representatives.

INDIANA MEDICAID

Medicaid Policy Updates and Announcements

See below for several recent bulletins and policy changes from Medicaid relevant to physical therapy providers:

- **School Corporation Services** (Posted May 29, 2025)
  - Updated the *Authorization and Coverage for School-Based Medicaid Services* section.
  - Updated the *Billing for School Medicaid Services* section.
- **BT202595** IHCP will require home health agencies to be enrolled with Medicare by July 1, 2026.
- **BT202591** New process developed for FFS claim inquiries, administrative reviews and appeals submitted in bulk.
- **BT202590** IHCP reminds providers of the FFS administrative review and appeals policy and processes.
- **BT202586** Documentation requirements clarified for claims billed to Medicaid for dually eligible members.
- **BT202585** IHCP announces enhancements to Secure Correspondence on the IHCP Portal.
- **BT202589** Reminder: Gainwell mail forwarding expires Aug. 1, 2025; make sure addresses are updated.
- **BT202587** Save the date for the 2025 IHCP Works Annual Seminar.

AETNA

Aetna Policy Update: Changes Impacting Outpatient Physical Therapy

Effective June 17, 2025, Aetna has implemented two key changes that streamline access to outpatient physical therapy:

- No Physician Order Required: Aetna no longer requires a physician's order for physical therapy services.
- Plan of Care Review Removed: Aetna has eliminated the requirement for the written plan of care to be reviewed and approved by the member's treating physician.
- Click **HERE** to learn more about APTA advocacy on this policy change.

UHC

UHC Medicare Advantage Skilled Nursing Facility, Rehabilitation, and Long-Term Acute Care Hospital Policy Update

UnitedHealthcare Medicare Advantage has revised their "Skilled Nursing Facility, Rehabilitation, and Long-Term Acute Care Hospital" medical policy effective June 1 2025. This policy applies to private practices as well as other outpatient therapy settings such as hospitals and skilled nursing facilities. Click **HERE** to access the policy.

EVOLENT

Updated Clinical Guidelines

Evolent Clinical Guidelines were updated and effective 7/1/2025. See **Preview 2025 Physical Medicine Clinical Guidelines (Effective 7/1/2025)** for more information.

APTA

Contracting for Smart PTs: Strategic Contracting Series

This new **on-demand webinar series** gives you the knowledge, tools, and resources to confidently evaluate and negotiate your payer contracts. Designed to support physical therapists in private practice, the seven-module series will be released throughout 2024–2025, offering practical tools, templates, and guidance in manageable, bite-sized pieces.

- Modules 1–3 are free and open to everyone. To access the full series (Modules 1–7), you'll need to be a member of APTA Private Practice or AOPT.
- The full series is free to APTA Private Practice and AOPT members.
- Modules 1–4 are now available! Watch the videos online or download the audio to listen on the go. Register now to access this valuable content, and stay tuned—Modules 5–7 will be available soon!

State of Direct Access APTA Resource

APTA released the "**State of Direct Access to Physical Therapist Services**," a new strategic resource designed to equip health care leaders with the scientific evidence they need to address opposition to direct access and drive meaningful change. This resource includes a concise history and status of direct access across the U.S.; strategic insights for use in payer, employer, and policy negotiations; and summarized evidence compiled by William Boissonnault, PT, DPT, DHSc, FAPTA, and Karen Lovely, PT, DPT, addressing common concerns raised by insurers, regulators, and other stakeholders. The central call to action urges payers, regulators, and policymakers to eliminate unnecessary barriers that restrict access to physical therapist services.

APTA Success Story Submissions

APTA Magazine is debuting a new column titled “Success Stories” sharing members' solutions to an issue facing them at work and their creative solution. If you have interest in writing a column for a solution you implemented, please contact leahfogarty@apta.org.

If interested in an example Success story, please click **HERE**.

APTA INDIANA PAYER REPORTING PORTAL

Having payer concerns or barriers impacting patient care or creating administrative burdens?

The **APTA Indiana Payer Reporting Portal** has been developed for providers to use as they experience a payer issue in real time related to prior authorization, credentialing, claims payment, contracting issues or other related payment concerns.

- This portal will remain available until further notice, to be used as reportable events occur. You may save this link permanently on your desktop and/or access this portal on your mobile device for future use.
- Please share the link with staff.
    - 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.