

APTA INDIANA AUGUST 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)

CY 2026 Proposed Medicare Physician Fee Schedule Highlights

- 2026 Medicare Conversion Factor (CF): For the first time, CMS proposes two conversion factors as CMS continues to shift more toward Value Based Care.
 - A Qualifying Alternative Payment Model (APM): \$33.59 (+3.85% from 2025).
 - A CF for Non-quality APM Participants - Majority of PTs: \$33.42 (+3.3% vs. CY 2025)
 - CMS, however, also proposed changes to the work, practice, and professional liability RVUs that when combined with the proposed CF will result in nominal reimbursement changes. As a result, providers will not feel the impact of the 3.3% CF increase (Varied impact by CPT code).
 - APTA strongly opposes these changes and has proactively reached out to CMS to get clarification on the methodology used to make these adjustments to the RVUs. Read more [HERE](#) for additional information.
- Telehealth: CMS proposes moving all codes on the provisional status CMS List of Telehealth Services to permanent. CMS, however, lacks the statutory authority to include PTs as eligible telehealth providers. PTs/PTAs can be reimbursed for outpatient therapy delivered via telehealth through September 30, 2025. Congress needs to pass legislation to provide outpatient therapy via telehealth past this date.
- Proposed Updated RTM Codes and Definitions

- Updated Definitions
 - 98976: Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 16-30 days in a 30-day period.
 - 98977: Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 16-30 days in a 30-day period.
 - 98978: Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 16-30 days in a 30-day period.
- New RTM Codes
 - 98xx4: Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30-day period.
 - 98xx5: Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period.
 - 98xx6: Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2-15 days in a 30-day period.
 - 98xx7: Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes.

The x in the CPT codes are placeholders which will be updated in September 2025 when the AMA releases the 2026 CPT codes.

- KX Modifier threshold is proposed to be \$2,480 for PT and SLP services combined.
- Quality Payment Program
 - MVP Changes to Group Reporting: CMS proposes if a group practice consists of 16 or more clinicians in multispecialty of care that the group practice cannot register for MVP reporting as a single group.
 - 2026 MIPS Performance Threshold: CMS proposes maintaining the 75 points through the 2028 performance period/2030 MIPS payment year.
 - Proposed addition to the quality measures to the PT Specialty Set: Quality Measure 317 Preventative Care and Screening: Screening for high blood pressure and follow up documented.
 - Proposed deletion to the quality measures to the PT Specialty Set: Quality Measure 487: Screening for Social Drivers of Health and 498: Connection to Community Service Provider.
 - Changes to Quality Measure 281: Dementia: Cognitive Assessment; 134 Screening for Depression and Follow up Plan and 503 Gains in Patient Activation Measure Scores at 12 Months.
 - Proposed changes to the Rehabilitative Support for MSK Care MVP: Addition of 2 Quality Measures (134 Depression screening; 182 Functional Outcome Assessment); deletion of 1 quality measure (487 social driver screening); addition of 3 Improvement Activities (IA_BE_15, IA_BE_15, IA_AHW_X) and deletion of 4 Improvement Activities (IA_AHE_9, IA_AH_12, IA_CC_1, IA_PM_26).

Request for Comments: The CMS comment period closes 9/12/2025. Submit comments:

- Electronically: www.regulations.gov
- Regular Mail: Centers for Medicare & Medicaid Services, Department of Health & Human Services, Attention: CMS-1807-P, P.O. Box 8016, Baltimore, MD 21244-8016.
- Express or overnight mail: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1832-P, Mail Stop C4- 26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.
- [Urge CMS to Recognize the Value of Physical Therapy in the Proposed 2026 Fee Schedule](#) and advocate for appropriate valuation of PT services and more on APTA's Patient Action Center where templates on these important advocacy efforts are made easy for you to share your voice.

Resources:

- Fact Sheet: [Quality Payment Program Proposals](#)
- [Proposed 2026 Medicare Part B Physician Fee Schedule](#)
- [APTA: Takeaways From the Proposed 2026 Medicare Physician Fee Schedule, Part 1](#)
- [APTA: Takeaways From the Proposed 2026 Medicare Physician Fee Schedule, Part 2](#)
- [APTA's Regulatory, Legislative, and Payment Updates Webinar](#)

APTA's Medicare Advantage Survey

Please complete [APTA's Medicare Advantage Survey](#) to further ongoing advocacy towards streamlining Medicare Advantage PAs.

- Link: <https://forms.office.com/r/mi7T22Jg2g>
- Live [QR Code](#) (see below)
- The survey will remain available until September 30, 2025. Thank you for your willingness to answer the "Call to Advocacy"



FIRST STEPS

The [August edition of the First Steps Newsletter](#) is now available.

- In this issue, you'll find information about the EIHub, National Webinar Series highlights, Indiana Head Start Association, Family Guided Routines Based Intervention and much more.

ANTHEM

Starting October 1, 2025, Anthem will adopt an updated Carelon Medical Benefits Management, Inc. rehabilitation solution for reviewing medically necessary services. Members with existing episodes of care initiated prior to July 1, 2025, will require prior authorization of physical therapy treatment visits as of October 1, 2025.

Members will not be required to receive prior authorization for the first 12 physical therapy treatment visits in new physical therapy episodes of care starting July 1, 2025. An episode of care begins when an evaluation or re-evaluation code is billed. Treatment rendered at the initial evaluation date of service will not count toward the 12 treatment visits that do not require prior authorization. Starting with the 13th treatment visit, prior authorization is required through Carelon Medical Benefits Management. Read on [HERE](#) to learn more and register for training webinars for providers and office staff who provide physical therapy services.

UHC

UHC published an updated medical policy for Habilitation and Rehabilitation Therapy with minor editorial changes impacting PT services.

Click [HERE](#) to review applicable policies.

CARESOURCE

[Marketplace Plans PA Policy Update](#)

Caresource for Marketplace plans updated their [2025 Prior Authorization List](#) with the below, per SEA 480 for PT services. Take note, this is for Caresource Marketplace plans only.

Outpatient Therapies – Prior authorization requirements for habilitative, rehabilitative, or a combination of both.

- No Prior Authorization Required for Assessments/Evaluations
- Occupational Therapy Visits
- Speech Therapy Visits

- Physical Therapy Visits (prior authorization is required after 12 visits per episode of care)
 - Cognitive Rehabilitation Therapy
 - Pulmonary Rehabilitation Therapy
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H.R. 1: OBBBA HEALTH-RELATED PROVISIONS

[Key OBBBA Health-Related Provisions](#)

H.R. 1 (One Big Beautiful Bill Act), passed into law on July 4, 2025, has many implications for health care providers. Click [HERE](#) to review key provisions impacting healthcare. Highlights include impact on:

- Coverage eligibility expected to result in 11.8 million people losing health insurance over the next decade, including Medicaid and Marketplace enrollees.
 - Provider tax thresholds and state-directed payment limits which will impact Medicaid reimbursement rates for health care services.
 - New Medicaid cost-sharing requirements which will impact patient billing and compliance.
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APTA RESOURCES

- [APTA Practice Advisory: Commercial Insurance Out-of-Network Repricing Alert](#)
 - Contracting for Smart PTs: Strategic Contracting Series
 - This new [on-demand webinar series](#) gives you the knowledge, tools, and resources to evaluate and negotiate your payer contracts.
 - Free Motivation Interviewing Resources: [neuropt.org/practice-resources/...](https://neuropt.org/practice-resources/)
 - You can also check out their online course (there is a fee for both members and non-members): [Health Promotion & Wellness Strategies Applied to Neurorehabilitation at the ANPT Education Center](#).
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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.