



## APTA INDIANA NOVEMBER 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](mailto:andrealausch@inapta.org), with questions or to inform the Committee of payor concerns.

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### PROVIDER SURVEY: PRIOR AUTHORIZATION EXPERIENCES UNDER SEA 480

SEA 480, effective July 1, 2025, strengthens Indiana's prior authorization rules for health plans regulated by the Indiana Department of Insurance, including commercial fully insured, Marketplace (exchange), and Indiana Medicaid plans (excludes Medicare Advantage and self-insured commercial plans). The law reduces administrative burden by requiring no prior authorization for the first 12 PT visits (commercial fully insured and Marketplace plans only), expanding PA approvals to a full year, enforcing 48-hour deadlines for decisions, appeals, and peer-to-peer reviews, and requiring plans to honor existing authorizations when members change plans.

This survey will help identify which utilization review entities are not complying with these new requirements so we can support advocacy efforts, improve timely patient access, and reduce administrative delays. Your participation is essential and will directly inform upcoming payer compliance discussions. Please complete the survey by **12/1/2025**.

Note: The [survey](#) may be completed by office staff or the most relevant team member familiar with prior authorization processes.

Survey: [Provider Survey: Prior Authorization Experiences Under SEA 480](#)

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## CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

### CY 2026 Medicare Physician Fee Schedule Final Rule Highlights

#### Medicare Finalized Their Proposal For:

- 2 Conversion Factor
  - Qualifying alternative payment model (APM) participants: \$33.57
  - Nonqualifying APM participants (most PTs): \$33.40
  - Estimated Impact on PT Services: +1.75%
- 2026 Therapy Threshold: \$2,480 PT/SLP combined (\$3,000 remains the threshold for targeted medical review).
- Telehealth (TH): Add TH codes PT use permanently to the Medicare TH Services List.
  - Congress must act yet for PTs to be able to be paid for services via TH
- Nontimed codes were revalued with a -2.5% efficiency adjustment to account for the overvaluation of the work RVU for non-time-based codes. Timed codes were removed from the revaluation.
- RTM code definition description changes/new codes\*
  - 98984\*: Respiratory device: supply of a device for 2-15 days of monitoring per 30-day period
  - 98985\*: MSK device: supply of a device for 2-15 days of monitoring per 30-day period (\$40.08)
  - 98976: Respiratory device supply 16-30 days in a 30-day period (\$47.43)
  - 98977: MSK device supply 16-30 days in a 30-day period (\$40.08)
  - 98979: Code for the first 10 minutes a practitioner spends in a calendar month managing a RTM device (i.e devices covered under codes 98984-6) with at least one real-time communicative interaction. (\$26.39)
  - 98980 RTM treatment management for the first 20' in a calendar month: increased value of code. (\$54.11)
  - 98981: RTM treatment management after the first 20' in a calendar month: increased value of code. (\$41.42)
  - It is important to note that the RTM and RTM Treatment Management codes are not additive.
    - Example: in a 30 day period a provider would:
      - Bill either 98985 or 98975 depending upon whether data was transferred for 2-15 days or 16 to 30 days.
      - Bill either 98979 or 98980 depending upon whether the treatment management services reflected 10 minutes or 20 minutes in a calendar month.

#### MIPS

- Performance threshold will remain at 75 points for the CY 2026 – 2028 MIPS Performance Periods/2028 – 2030 MIPS Payment Years.
- Added
  - Quality Measure 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
  - Quality Measure 281: Dementia: Cognitive Assessment
- Deleted:
  - Quality Measure 487: Screening for Social Drivers of Health
  - Quality Measure 498: Connection to Community Service Provider
- Rehabilitation Support for MSK care MVP
  - Added
    - Quality Measure 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
    - Quality Measure 182: Functional Outcome Assessment
    - improvement activity (IA)\_BE\_15: Engagement of Patients, Family and Caregivers in Developing a Plan of Care
    - IA\_BE\_16: Evidenced-based techniques to promote self-management into usual care
    - IA\_AHW\_X: Chronic Care and Preventative Care Management for Empowered Patients
  - Deleted
    - IA\_AHE\_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols

- IA\_AHE\_12: Practice Improvements that Engage Community Resources to Address Drivers of Health
- IA\_CC\_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop
- IA\_PM\_26: Vaccine Achievement for Practice Staff: COVID-19, Influenza, and Hepatitis B

## Resources

- Upcoming Webinar: [APTA Regulatory, Legislative, and Payment Updates, November 2025](#).
- [CY 2026 Medicare Physician Fee Schedule Final Rule](#)

## Telehealth and Geographic Price Cost Index Floor Extension

The government shutdown is over, Congress has extended Medicare telehealth coverage and the Geographic Price Cost Index Floor from Oct. 1, 2025-Jan. 30, 2026, through the continuing resolution. Congress will need to pass additional legislation to cover outpatient therapy delivered via telehealth after January 30, 2026.

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## FSSA

### FSSA Announces MDwise Will Exit Indiana Medicaid in 2026

FSSA has announced that MDwise will no longer serve as a managed care health plan for Indiana Medicaid's HIP and Hoosier Healthwise programs beginning January 1, 2026. Members will keep their Medicaid coverage but will need to select a new plan—Anthem, CareSource, or MHS—during open enrollment. [Click](#) to read more.

### Paper Claim Processing Fee

IHCP announces the implementation of a paper claim processing fee of \$5 to be applied to each initial fee-for-service paper claim submitted for processing through Gainwell Technology. An effective date will be announced in future publications.

## Resource

- [BT2025150](#)

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## MHS

### Update on MHS (Ambetter)/Evolent Claims Processing Issue

MHS/Ambetter has informed APTA Indiana they identified the system issue denying claims which Evolent indicated no prior authorization was needed before 12 PT visits per SEA 480. MHS expects the full correction to be implemented within 30 days. They have already completed one claims project and are currently reprocessing another set of claims to address inappropriately denied claims—no action is required from providers to receive payment.

Please let Andrea Lausch, PT, DPT, APTA Indiana Practice and Payment Specialist, know at [andrealausch@inapta.org](mailto:andrealausch@inapta.org) or by submitting the issue in the [APTA Indiana Payor Reporting Portal](#) if claims are not reprocessed and paid by January 1, 2026.

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## MULTIPLAN AND MAJOR INSURERS LITIGATION

The APTA Indiana October 2025 Practice and Payment newsletter shared APTA and APTA Private Practice have joined a federal antitrust lawsuit against MultiPlan (Claritev) and major insurers. This legal action seeks to stop anticompetitive reimbursement practices of out-of-network claims and recover financial damages for affected physical therapists.

Individual PT practices may be eligible to pursue significant damages. A webinar held in October 2025 provided additional information about the lawsuit and how to get engaged if appropriate. Arnall Golden Gregory, lead plaintiff attorneys, in concert with APTA has provided this [One-page Overview](#) of the litigation with recent developments, the alleged anticompetitive conduct, and FAQs, including how to join the case, if appropriate.

For additional questions please reach out to APTA at [advocacy@apta.org](mailto:advocacy@apta.org).

## Resources

- [APTA and APTA Private Practice Join Federal Lawsuit Over Health Care Price-Fixing](#)
- [APTA Practice Advisory: Commercial Insurance Out-of-Network Repricing Alert](#)

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## AETNA

Aetna [updated](#) its Physical Therapy policy, effective 10/29/2025, with several wins for the PT profession. Highlights include:

- The removal of a reference to direct supervision for PTAs, allowing for general supervision of PTAs.
- An expanded description of gait training that acknowledges the complex connection of various body systems.
- A more thorough and accurate definition of neuromuscular reeducation and therapeutic exercise describing the numerous benefits and clinical implications of the intervention without reference to "standard" visits or episode duration.

### Resources

- [Aetna Medical Policy Bulletin for Physical Therapy](#)
  - [APTA: Aetna Updates Policy to Better Align With PT Practice and CPT Code Definitions](#)
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## TRICARE

On September 18, 2025, Humana Military [announced](#) Tricare policy, effective 1/1/2025, changed PTA supervision requirements in a private practice setting to general supervision.

### Resources

- [PTA Win: TRICARE Manual Reflects Change From Direct Supervision to General](#)
  - [Humana News Release](#)
  - [Tricare PTA Policy](#)
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## NEW APTA PRACTICE AND PAYMENT RESOURCES

- New: [Practice Advisory on Primary Care Physical Therapy](#)
  - [Contracting for Smart PTs: Strategic Contracting Series](#)
  - New: [PRIVATE PRACTICE - Strategic Contracting Series - Module 7: Better Together-How to Cooperate and Not Collide](#)
  - [APTA Practice Advisory: Emerging Technology: AI-Enabled Ambient Scribe Technology in Physical Therapy Documentation](#)
  - [The Impact of Administrative Burden on Physical Therapist Services](#)
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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.