

Blue-Cross Blue Shield of Alabama

Blue-Cross BlueShield of Alabama
We cover what matters.

- May 23, 2019: BCBS emailed PT Advisory Board and notified us of a conference call
 - Call on 11/1/19
 - On 11/1/19

November 1, 2020
75 days away

Blue-Cross Blue Shield of Alabama

- June 18, 2019 in a provider email:
- “Effective November 1, 2019, we will adopt the CMS Multiple Procedure Payment Reduction for selected therapy services for all Blue Cross and Blue Shield of Alabama members. This excludes Blue Advantage®, which already uses the CMS Multiple Procedure Payment Reduction system.”
- PT Advisory Committee went to work:
 - APTA, other state associations, research

Blue-Cross Blue Shield of Alabama

- Asked to meet in person rather than discuss over the phone
- This week: Secured a meeting for September 13, 2019.
 - Managers from Pricing and Network Services

Blue-Cross Blue Shield of Alabama

Now we need ALAPTA members to go to work!

- Doctors
- Patients
- Provider Network Consultants
- Employers

ALAPTA Strategies:

- Formal strategies with APTA
- Insurance Commission
- Lobbyists?

WE Need members!

[CMS-1715-P]
RIN 0938-AT72

Medicare Program; CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Revisions to Payment Policies; Updates to the Quality Improvement Programs and the Quality Improvement Program; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations

WARNING!!
The material in this section is **PROPOSED** only

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.
ACTION: Proposed rule.


Conversion Factor for 2020

- Estimated to be **\$36.0896**
- Slight ↑ from 2019 \$36.04
- **Difference \$0.0496 of 0.14%**

☹️ Estimated to have 0% impact on the total allowed charges for Physical Therapy

PTA/OTA Modifiers

- For OT and PT services (including CORF)
- Claims furnished **“in whole or in part”** by an OTA or PTA **must include a prescribed modifier**
- Services will not be considered furnished **“in part”** by an OTA or PTA unless they >10% of total minutes for that service
 - **Beginning 1/1/2020**



PTA/OTA Modifiers

CQ Modifier	CO Modifier
Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant.	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant.

- To be used on the claim line alongside the respective GP or GO therapy modifier

Examples of when **TO** use PTA/OTA Modifiers

1. Therapeutic portions of outpatient therapy services furnished by PTAs/OTAs, as opposed to administrative or other non-therapeutic services that can be performed by others without the education and training of OTAs and PTAs.
2. Services wholly furnished by PTAs or OTAs without physical or occupational therapists.
3. Evaluative services that are furnished in part by PTAs/OTAs (keeping in mind that PTAs/OTAs are not recognized to wholly furnish PT and OT evaluation or re-evaluations).

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Examples of when **NOT TO** use PTA/OTA Modifiers

1. PTAs/OTAs furnish services that can be done by a technician or aide who does not have the training and education of a PTA/OTA.
2. Therapists exclusively furnish services without the involvement of PTAs/OTAs.

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CMS proposes 2 ways to compute:

Method 1

Total minutes delivered by PTA \div Total minutes delivered for the service \times 100

Round to nearest whole number

Time spent by PT on the service + Time spent by on the service PTA + Time spent by PT/PTA concurrently

$\leq 10\%$ = NO MODIFIER
 $> 11\%$ = ADD MODIFIER

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CMS proposes 2 ways to compute:

Method 2

Total minutes delivered for service \div 10 = X# + 1

This is the total minutes that if delivered by PTA will trigger modifier

Time spent by PT on the service + Time spent by on the service PTA + Time spent by PT/PTA concurrently


If PTA is involved in delivering $\leq X\%$, then NO MODIFIER
 If PTA is involved in delivering $> X\%$, then APPLY MODIFIER

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Documentation Requirements

Proposed

1. Beginning January 1, 2020
2. The treatment notes explain, via a short phrase or statement, **the application or non-application of the CQ/CO modifier for each service furnished that day.**
 - Includes untimed services




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Request for Comments

-on whether it would be appropriate to require documentation of the minutes as part of the CQ/CO modifier explanation.
-on whether it would be appropriate to require documentation of the minutes as part of the CQ/CO modifier explanation **as a means to avoid possible additional burden associated with a contractor's medical review process conducted for these services.**
- CMS also interested in hearing from therapists and therapy providers **about current burden associated with the medical review process based on CMS's current policy** that does not require the times for individual services to be documented.


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Trigger Point Dry Needling CPT codes 205X1 and 205X2

- CMS is proposing a work RVU of 0.32 for CPT code 205X1
 - (Needle insertion(s) without injection(s), 1 or 2 muscle(s) with 10 minutes of intraservice work time.
- CMS is proposing a work RVU of 0.48 for CPT code 205X2
 - (Needle insertion(s) without injection(s), 3 or more muscle(s) with 15 minutes of intraservice work time.
- CMS is proposing to designate CPT codes 205X1 and 205X2 as “always therapy” procedures
- CMS is proposing the RUC-recommended direct PE inputs for all codes in the family.

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Quality Payment Program

- In 2020, there are changes to the PT/OT measure set including the addition of new measures and removal of others.
 - **STAY TUNED....**
- **MIPS Performance Threshold:** MIPS eligible clinicians with a final score equal to 45 points would receive a neutral MIPS payment adjustment. Because the performance threshold is 45 points, CMS anticipates that more clinicians will receive a positive adjustment than a negative adjustment.
- **Promoting interoperability reweighting:** CMS is proposing for 2020 to continue the existing policy of reweighting the Promoting Interoperability performance category for physical therapists, occupational therapists, qualified speech-language pathologist, qualified audiologists, clinical psychologists, and registered dietitians or nutrition professionals.

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Comments? Take Action!

- <http://www.apta.org/RegulatoryIssues/TakeAction/>

APTA's Current Regulatory Advocacy Efforts

CMS 2020 Physician Fee Schedule Proposed Rule: The Centers for Medicare and Medicaid Services (CMS) issued its proposed rule on the physician fee schedule and Quality Payment Program (QPP) for 2020. It outlines rules for applying modifiers when a PTA furnishes outpatient therapy services at least in part; sets reimbursement values for the new trigger point injection dry needling codes; and seeks feedback on opportunities to expand the concept of bundling to recognize efficiencies among services paid under the fee schedule. CMS also proposes revisions to QPP's MIPS program, including changes to the PT/OT measure set for 2020 and a new, simpler MIPS Value Pathways (MVPs) option starting in 2021 that would align activities across the 4 MIPS categories by specialties or conditions. APTA will provide comments, and individuals may submit comments independently using an APTA template letter developed specifically for the proposed rule (link below).

Deadline for Comments: Friday, September 27, 2019

Review proposed rule (.pdf)
Review fact sheet
Review press release

Take Action: Submit comments | PTA Modifier Policy Template Letter for Clinicians (.docx) | Access to therapy services patient template letter (PTA modifier, SNF PDM, HHA PDGM, copays, prior authorization) (.docx)

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Questions?



2019 Rehab Resources & Consulting, Inc.

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