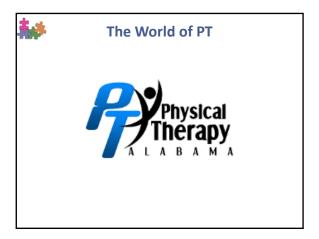
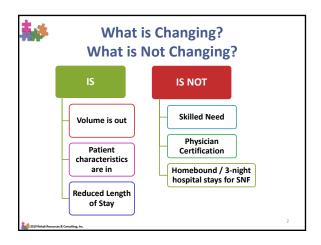
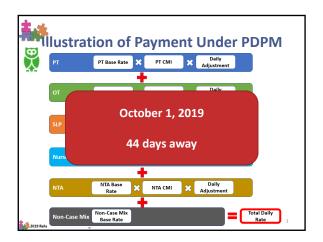
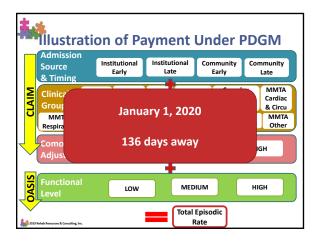
ALAPTA Fall 2019 Chapter Business Meeting

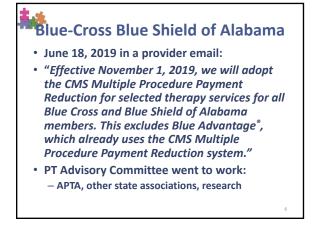














- Asked to meet in person rather than discuss over the phone
- This week: Secured a meeting for September 13, 2019.
 - Managers from Pricing and Network Services



Now we need ALAPTA members to go to work!

- Doctors
- Patients
- Provider Network Consultants
- Employers

ALAPTA Strategies:

- · Formal strategies with APTA
- Insurance Commission
- Lobbyists?

[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 Program Re WARNING!! Eligible Pro Updates to The material in this section is the Quality **PROPOSED** only Patient Harm 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

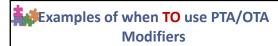
CQ Modifier

CO Modifier

services furnished in whole therapy services furnished or in part by a physical therapist assistant.

Outpatient physical therapy Outpatient occupational 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



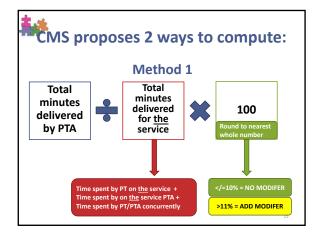
- Therapeutic portions of outpatient therapy services furnished by PTAs/OTAs, as opposed to administrative or other non-therapeutic services that can be performed by others without the education and training of OTAs and PTAs.
- 2. <u>Services wholly furnished</u> by PTAs or OTAs without physical or occupational therapists.
- 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.

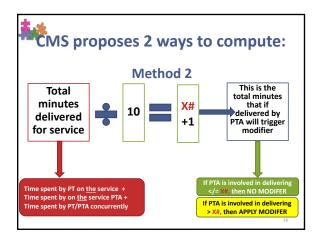
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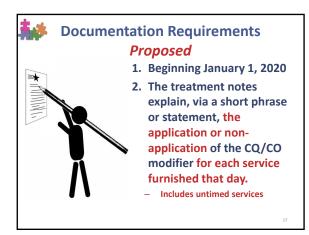


- PTAs/OTAs furnish <u>services that can be done</u> <u>by a technician or aide</u> who does not have the training and education of a PTA/OTA.
- 2. <u>Therapists exclusively furnish services</u> without the involvement of PTAs/OTAs.

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Request for Commentson 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.



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 dieticians or nutrition professionals.



Comments? Take Action!

 http://www.apta.org/RegulatoryIssues/Take Action/

APTA's Current Regulatory Advocacy Efforts

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 reinbursement values for the new trigger point injection dry

needing codes; and seeks feedback on opportunities to expand the concept of bunding to

recognize efficiencies among services paid under the fee schedule. CMS also proposes revisions to

CPPs 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 specialities 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)

