



# FAL Briefing Memo

November 2020

## Fee Schedule

On Oct. 30, Reps. Ami Bera, MD, D-Calif., and Larry Bucshon, MD, R-Ind., introduced legislation in the U.S. House of Representatives that would add funding to Medicare and direct CMS to essentially reset payment to 2020 levels for the 37 professions on the chopping block for cuts. Those professions include physical therapy, which was targeted for reductions that amount to a 9% decrease in payment levels. Named the "[Holding Providers Harmless From Medicare Cuts During COVID-19 Act of 2020](#)" (H.R. 8702), the bill would keep Medicare payment levels stable for the next two years, sparing physical therapy and 36 other professions from cuts designed to offset increases to payment for office/outpatient evaluations and management services. Cosponsors of the bill include Reps. Brendan Boyle, D-Penn., George Holding, R-N.C., Raul Ruiz, MD, D-Calif., Phil Roe, MD, R-Tenn., Abby Finkenauer, D-Iowa, and Roger Marshall, R-Kans. Besides H.R. 8702, the latest sign of progress arrived in the form of a [letter from U.S. Sen. Steve Daines](#), R-Mont., to Senate leaders urging them to provide relief to providers targeted for Medicare cuts in 2021. [This article](#) describes other developments on Capitol Hill and rounds up APTA's recent advocacy efforts.

## HHS Updated PRF Guidance

The updated [frequently asked questions](#) document (FAQ) includes more details on the allowable uses of the Provider Relief Fund (PRF), including that the funds may be used for COVID-19 vaccine distributions, and a change in the date by which PRF funds must be used from July 31, 2021, to June 30, 2021. The FAQ also clarifies that subsidiaries may transfer funds received through the General Distribution to their parent organization, even if the subsidiary already attested to the terms and conditions. Finally, the FAQ includes additional information on calculating lost revenues. Providers should continue to examine how the revisions impact their specific organization and monitor the HHS [website](#) for additional guidance.

## Information Blocking

A new [information blocking rule](#) that could have a major impact on physical therapy practices and other health care providers is still happening, but providers just got a little breathing room around when they need to start following the requirements: The agency in charge of the rule now says that compliance must begin on April 5, 2021. The previous startup date was Nov. 2 this year. Prepare for complying with the new requirements by visiting [APTA's information blocking webpage](#). Also check out HHS ONC's new [information blocking FAQs](#).

## CPT code 99072

CMS has rendered a decision that it will not make separate payment for CPT 99072 under Medicare: CMS released a [revised MLN Matters Article](#) to add information about CPT code 99072, among others. Within the article, CMS gives it a procedure status of B, stating "there are no RVUs and payment policy indicators do not apply. The Global Days are XXX." B = Bundled code. Payment for covered services are always bundled into payment for other services not specified. There will be no RVUs or payment amounts for these codes and no separate payment is ever made. When these services are covered, payment for them is subsumed by the payment for the services to which they are incident (an example is a telephone call from a hospital nurse regarding care of a patient).

## NCCI Edits Update

Our advocacy efforts to address problematic National Correct Coding Initiative Procedure-to-Procedure edits is having an impact. Although we don't have many details to share at this time, in response to APTA's requests for changes to edits that impact PT codes, including those in the emergency department, CMS recently informed us that they will be making changes to the edits that will be implemented in the January 1, 2021 edits. We expect to have more information within the next few weeks (on or around December 1) and will communicate those details as they emerge.

### **Home Health**

CMS' final 2021 home health pay rule released Thursday (Oct. 29) permanently extends the home health telehealth options installed during the COVID-19 pandemic, and implements new wage index calculations while capping cuts that could be tied to those calculations. The finalized rule is not much different than the proposal released in June. It creates a 5% cap on decreases in a geographic area's wage index value for 2021 and lets home health agencies continue using telehealth, including audio-only methods, under the Medicare home health benefit as long as it's included on the plan of care. On October 23, Senator Susan Collins (R-ME) and Ben Cardin (D-MD) introduced the [Home Health Emergency Access to Telehealth Act \(HEAT\)](#), to provide Medicare reimbursement for audio and video telehealth services furnished by home health agencies during a public health emergency.

### **DMEPOS Proposed Rule for 2021**

In its proposed rule for durable medical equipment, prosthetics, orthotics and supplies, or DMEPOS, the U.S. Centers for Medicare and Medicaid Services is planning to continue higher payments and rates for durable medical equipment furnished in rural areas, and would be adding a streamlined process for making benefit category determinations and payment determinations under Part B. CMS proposes to continue paying suppliers higher rates for furnishing items and services in rural and non-contiguous areas as compared to items and services furnished in other areas. For items and services furnished before April 1, 2021, the fee schedule amount for rural areas is adjusted to 110 percent of the national average price. CMS would also pay 100 percent of the adjusted payment amount in non-rural non-competitive bidding areas, known as CBAs, in the contiguous U.S.

### **Sequoia Data Usability Workgroup**

APTA is participating in the nonprofit Sequoia Project's Data Usability Workgroup to address barriers to interoperability by developing specific implementation guidance on clinical content for health care professionals in order to improve health information exchange. This guide will be adoptable by health information exchange vendors, implementers, networks, governance frameworks, and testing programs. <https://sequoiaproject.org/interoperability-matters-2/data-usability-workgroup/>

### **Practice Management Resources**

APTA and AOTA have collaborated on an AMA CPT Assistant Article to guide providers relative to the use of codes 97542, wheelchair management training versus 97755, assistive technology assessment. This article has been accepted and is now moving on to the editorial process. APTA has developed resources for the use of the X (XE, XP, XS, XU) modifiers to promote more specificity. The resource can be found at <https://www.apta.org/your-practice/payment/coding-billing/correct-coding-initiative-cci>.

### **Comment letters:**

- Request for reconsideration to NCCI Contractor and CMS regarding the problematic edits in the emergency department.
- Comments to Request for Public Input on the Physician-Focused Payment Model Technical Advisory Committee review of telehealth and APMs.
- Comments to CMS on Medicare Coverage of Innovative Technology Proposed Rule.
- Comments to CMS in response to RFI on the recommended measure set for Medicaid-funded home and community-based measures.

### **Sign-on letters:**

- A letter from CCD and allies (including APTA) to Social Security Administration requesting the collection and regular reporting of data on race and ethnicity.
- ITEM Coalition to Congress: Letters supporting the Access to Assistive Technology and Devices for Americans Study Act.
- CCD public comments to CDC regarding immunization practices.
- CCD letter to CMS requesting they continue to allow Appendix K waivers (which afford flexibilities to state HCBS programs, which have been crucial to maintaining capacity to effective service individuals in need of long term supports and services).