

April 27, 2021



# Message from the Practice Committee

The Practice Committee increases Academy of Neurologic Physical Therapy involvement with the Departments of Government Affairs and Reimbursement at APTA. Participates in activities, which promote and modify the practice of neurologic physical therapy. Serves as a resource to accrediting agencies to establish guidelines to neurologic practice.

**Practice  
Resources on the  
ANPT Webpage**

Hello Academy Members! The ANPT Practice Committee is dedicating Part 1 of our Message to payment and practice updates including best practices in post-acute care, telehealth updates, and the CMS PTA modifier. We hope these resources assist you in staying current in your practice. Stay tune for Part 2 of the Message which will come out within the next week and will include resources from the SIGS and ANPT work groups.

## Value of Post-Acute Care Rehabilitation Services

The APTA, in collaboration with the AOTA, reported results from a study that looked at the impact of the post-acute care rehabilitation services on outcomes for 3 types of health conditions. One of the health conditions studied was stroke, and it looked at care delivered in skilled nursing facilities, inpatient rehabilitation facilities, and home health care. Below are key findings and links to the results which may be helpful to neurologic therapists when advocating for rehabilitation services in post-acute care practice:

- More therapy resulted in better functional outcomes.
- Patients who received the fewest minutes of therapy services were at highest risk to be re-admitted to acute care within 30 days regardless of the practice setting.

Click [here](#) to see the APTA's reporting on the value of rehabilitation services in post-acute care. The APTA and AOTA have also released a [joint statement](#) on this topic and created a [summary](#) and a [chartbook](#) version of the findings.

## Telehealth Updates

On February 23, 2021 Senators Tim Scott (R-S.C.), Brian Schatz (D-HI), and Jeanne Shaheen (D-N.H.) reintroduced in the Senate the bipartisan *Telehealth Modernization Act* that would update coverage restrictions that have long prevented life-saving telehealth services for many of the nation's roughly 61 million Medicare beneficiaries. Additionally, on March 23, the APTA-supported Expanded Telehealth Access Act (H.R. 2168) was introduced by Reps. Mikie Sherrill, D-N.J., and David McKinley, R-W.Va., in the U.S. House of Representatives. This bipartisan legislation would amend title XVIII of the Social Security Act and for other purposes would make permanent the current temporary policy that includes physical therapists and physical therapist assistants authorized providers to deliver and bill for services provided via telehealth under

Medicare.

To support these bills and to find other ways to advocate for telehealth services, follow this [link](#).

## PTA Modifier Clarification

The U.S. Centers for Medicare & Medicaid Services (CMS) recently provided more guidance regarding modifiers that went into effect in January 2020 for treatment provided in whole or in part by a PTA. These modifiers are expected to start impacting payment in 2022 by reducing reimbursement for services delivered by a PTA under outpatient Medicare B services to 85% of the applicable fee schedule.

CMS has provided additional details on the policy for calculating the 10% "de minimis standard" and [a set of billing examples](#) that illustrate how the CQ modifier should be applied with a GP therapy modifier to indicate services were provided by a PTA under a PT plan of care.

**The billing example document include general rules for when and how to apply the CQ modifier utilizing the 4 steps outlined below.**

- **Step 1.** Identify the Timed HCPCS Codes Furnished for 15 Minutes or More by Each Provider.
- **Step 2.** Identify Services for Which the PT and PTA Provide Minutes of the Same HCPCS Code.
- **Step 3.** Identify Services Where the PT and PTA Furnish Services of Two Different Timed HCPCS Codes.
- **Step 4.** Identify the Different HCPCS Codes Where the PT and the PTA Each Independently Furnish the Same Number of Minutes.

CMS described two methods for calculating the 10% de minimis: the “*simple*” method and the “*percentage*” method. For detailed billing examples and full definitions of the simple and percentage method, please see this [CMS Fact Sheet](#).

For additional background information and quick updates, review this [APTA article](#).

## CMS Proposed Medicare Rules - SNF Payment Changes What You Should Know

The Center for Medicare and Medicaid Services has released its proposed rule for FY22 that would update Medicare payment policies and rates for skilled nursing facilities under the Skilled Nursing Facility (SNF) prospective payment system (PPS) starting October 1, 2021. CMS is publishing this proposed rule consistent with the legal requirements to update Medicare payment policies for SNFs on an annual basis.

CMS acknowledged Patient Driven Payment Model (PDPM) was about 5% more costly while skilled therapy minutes dropped by 30% compared to the previous payment models. Therefore, they will now explore how to rebalance costs and ensure quality of care. Here is [APTA's summary of the Proposed Updates](#) while below is a list of a few key points.

The proposed rule puts forth the following proposed updates and actions with an effective date of October 1, 2021:

- A 1.3 % increase in payment rates for SNF PPS

- Plans to determine a methodology for recalibration of the Patient Driven Payment Model (PDPM) which had an unintended 5% increase in cost
- Updates to urban and rural base rates for the components of SNF PDPM
- Continued use of the hospital inpatient wage data to develop a wage index for SNFs
- Updates to the SNF Quality Reporting Program (QRP) and SNF VBP Program

CMS is seeking public comment by 5 pm on June 7, 2021 on the following issues:

- A potential methodology for recalibrating the PDPM parity adjustment
- Whether any necessary PDPM parity adjustment should be delayed or phased in over time to provide payment stability
- Closing the Health Equity Gap Request for Information (RFI)
- SNF QRP Quality Measures under Consideration for Future Years RFI
- Fast Healthcare Interoperability Resources (FHIR) in support of Digital Quality Measurement in Quality Reporting Programs RFI
- Quality measures that should be considered under an expanded SNF Value Based Purchasing Program

Review the [CMS Fact Sheet](#) for more information regarding the proposed changes above and for instructions on how to make comments on the proposal through June 7, 2021.

## Why Should Neurologic PT's Learn More about Clinical Practice Guidelines?

Evidence-based practice optimizes patient outcomes, but it's often challenging for clinicians to stay up to date with the rapidly growing body of literature. Clinical practice guidelines (CPG) streamline your ability to interpret and apply evidence to your practice. Elements of CPG's include:

- A strict methodologic and review process.
- Specific recommendations for clinical practice.
- Graded the levels of evidence that are associated with the recommendations.
- A combination of evidence-based and expert-based information to guide decision making.

Several resources are available if you are interested in learning more about clinical practice guidelines:

[APTA Resources](#)  
[APTA CPG manual](#)  
[ANPT Resources](#)  
[ANPT Evidence Based Documents Manual](#)  
[Tools to Search for Evidence](#)

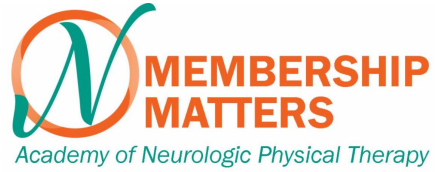
## The Practice Committee

We hope you have found these resources useful. The ANPT Practice Committee welcomes your feedback and questions. Please send all inquiries to Heather Knight at [info@neuropt.org](mailto:info@neuropt.org)

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