



## 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.

[Visit the Academy of Neurologic Physical Therapy website](#)

Hello Academy Members! Happy Physical Therapy Month!

The ANPT Practice Committee is pleased to bring you Part 1 of the next round of practice highlights and updates. Please scroll down to view resources on payment and practice reform by practice setting and by specialty services (i.e. dry needling, orthotics). You will also find ways to utilize APTA resources to stay up on best practice.

Stay tuned for Part 2 of the Message from the Practice Committee that will come out next week and highlight new resources available from ANPT work groups.

### Payment and Practice Updates

#### PTA Payment Differential Modifier

All clinicians and organizations providing outpatient services should be aware that CMS has proposed a payment reduction for services rendered in whole or in part by a physical therapist assistant (PTA). Below are key updates on the proposal.

1. A payment modifier CQ for services delivered by a PTA may be required starting January 1, 2020 with payment differentials starting in 2022.
2. This modifier is proposed to impact payment where more than 10% of services are provided by a PTA.
3. Application of the modifier is proposed to reduce the overall reimbursement for services by 15%. This includes reimbursement for services delivered in part by the PT.
4. It would require documentation indicating why the modifier was or was not utilized.

APTA is advocating that CMS reconsider the current proposal given it does not align with the original intent of the Social Security Act to adjust reimbursement of PTA services to align with PTA wages. It contradicts best practice related to team based care, creates barriers to patient access of PT services, and it's counter productive to the current Administration's efforts to decrease administrative burden in the deliver of healthcare. Below is the most up to date information on the state of the current proposal.

- [PT In Motion News Update](#)

## Outpatient Medicare B

***Merit based Incentive Payment System (MIPS)*** - PTs in private practice who exceed all 3 criteria of the low-volume threshold **must participate in MIPS, subject to the payment adjustment of +/-7%**. Physical therapists who meet 1 or 2 of the low volume threshold criteria have the option to opt into the MIPS program but are not required to participate.

The low-volume threshold criteria include:

- 1) Annually receive more than \$90,000 in Medicare part B payments
- 2) Provide care for more than 200 Part B-enrolled Medicare beneficiaries
- 3) Bill more than 200 professional services

Non participation for mandatory participants will result in the full 7% penalty.

Therefore, it is so important to be aware if you are a mandatory participant. You can see if your NPI is automatically enrolled as a MANDATORY participant. [View your Quality Payment Program participation](#) via your NPI.

For physical therapists participating in MIPS, CMS has stated the majority of physical therapists' scores will depend on quality performance ratings and improvement activities. Likely 85% of physical therapists' overall score in the program will be focused on quality performance. See the [CMS website on quality measure](#) for additional information including additional instructions for data submission.

- More information on MIPS can be found at [APTA](#) or the [CMS website for quality payment programs](#)

*Advanced Alternative Payment Models (APM)* are payment options that PT's can opt into that offer greater payment incentives for improved quality and cost, but they require more financial risks up front. To learn more on how to join and if you qualify, visit the [CMS website on Alternative Payment Models](#).

## Home Health - Patient Driven Grouping Model (PDGM)

CMS plans to shift to a new payment system known as the Patient-Driven Groupings Model (PDGM) for home health beginning January 1, 2020. Here are key changes therapists should know.

- The PDGM moves care from 60-day to 30-day episodes and eliminates therapy service-use thresholds from case-mix parameters.
- This new payment system is accompanied by other changes that include allowing maintenance therapy to be furnished by physical therapist assistants (PTAs) and occupational therapy assistants (COTAs), providing a payment "add on" for rural home health care, and adopting an APTA-supported "notice of admission" requirement to avoid duplicate billing.
- The new provisions include a 1.3% payment increase. More detailed information can be found at <http://www.apta.org/PDPM/HomeHealth/>

APTA work groups have developed quick use resources that can also help you prepare for this change.

- [What You Should Know About PDGM Summary Sheet](#)
- [APTA website specific to PDGM](#)
  - Includes [recorded webinar](#) on how to demonstrate your value in this new model

## Skilled Nursing Facilities - Patient Driven Payment Model (PDPM)

**WHAT HAS CHANGED:** Effective Oct 1, 2019, CMS adopted the Patient-Driven Payment Model (PDPM), based on a resident's classification among 5 components (including PT) that are case-mix adjusted, and using a per diem system that adjusts payment rates over the course of the entire stay. This moved reimbursement for services away from a volume based reimbursement approach. CMS

also adopted the APTA's definition of group therapy in the SNF setting, which is 2 to 6 patients doing the same or similar activities, and they limited the use of concurrent and group therapy combined to no more than 25% of services delivered.

**WHAT HAS NOT CHANGED:** There has been no change to the care needed by individuals with neurologic health conditions in this practice setting, which should be the driver of clinical decision making by therapists who are prescribing PT services. Criteria for coverage and documentation requirements to demonstrate skilled services have stayed the same. Therapists should continue to report fraud and abuse in the healthcare setting. APTA has an [Integrity in Practice Campaign](#) that may be a useful resource if you are identifying unethical practices.

APTA work groups have developed many resources to support therapists during this transition. [What You Should Know About PDPM Summary Sheet](#)

## Dry Needling CPT Code Addition

The American Medical Association (AMA) CPT Editorial Panel has approved 2 new CPT codes for dry needling in 2020. One code will be inclusive of needle insertion without injection for 1 or 2 muscles. The other code for needle insertion without injection, 3 or more muscles. These codes are included in the proposed physician fee schedule. CMS' final ruling that will determine the value of the codes will be out by the end of the year. Regarding commercial and non-federal payers: APTA has not been informed yet of how commercial payers will react/adopt/accept the new CPT codes. The ANPT and the APTA will continue to monitor and inform members. [More information from the APTA](#)

## Orthotic Reimbursement - Are you getting denials?

The Centers for Medicare and Medicaid Services (CMS) has started to more strictly enforce a warranty rule that currently exists around durable medical equipment (DME) and the expectation that all DME should last at least 5 years. This has resulted in reports of denials for orthotic prescription if the billing code was used at all in the past 5 years. This new process does not account for orthoses that serve different purposes either with the same episode of care or for a different episode of care.

Patients with neurologic health conditions are often prescribed orthotics to manage different limitations. A meeting is scheduled with CMS in November to discuss the issue, and the APTA is requesting examples of how this new implementation will impact patients. Please reach out to Marsha Lawrence, PT, DPT, CHT at [hwx@earthlink.net](mailto:hwx@earthlink.net) by November 17, 2019 if you have a patient story that may highlight how this impacts neurologic PT practice.

[Here is a resource with additional links and updates on durable medical equipment, prosthetics, orthotics, and supplies \(DMEPOS\).](#)

## Resources

### The PTeam

As PTs and PTAs, we have a responsibility to stay informed about legislative issues to ensure that we receive the proper respect as a profession and receive the reimbursement that we deserve. While it may seem daunting to keep up with all of the issues that affect our profession, the APTA has made it easy to receive updates. Consider signing up for PTeam today using this link (<http://www.apta.org/pteam/>) to receive a quarterly newsletter on legislative activities affecting our profession.

### APTA Action App

The APTA Action app is a powerful tool for PTs, PTAs, and students. Available for free download in the Apple and Google Play app stores, the app includes an action center, Congressional directory, talking points, and more. Search "APTA Action" in your Apple or

Google Play app store to download the app today!

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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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## The Practice Committee

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