

2021 Medicare Changes

Implications for Therapy Professions

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Some Fine Print

The information provided herein is intended to be general in nature. It is not offered as legal or insurance related advice, and is not a complete description, or meant, or intended, to replace or be interpreted as specific, of Medicare or other requirements. Although every effort has been made to ensure the content herein is correct, we assume no responsibility for its accuracy.

Please refer to source documentation for complete details.

Please let us know

- If (when) we make an error
- If (when) we say something that is misleading or unclear

How?

- Respond in the questions panel or
- Email to jhenderson@clinicient.com so we can research, follow up and clarify

Covered Today

Our “Why”

Money Matters

- Conversion Factor
- Evaluation Code Revaluation
- Net Result

Rules

- CCI Update
- Telehealth
- Maintenance Therapy
- Supervision

COVID and Visit Trends

Fearless Predictions

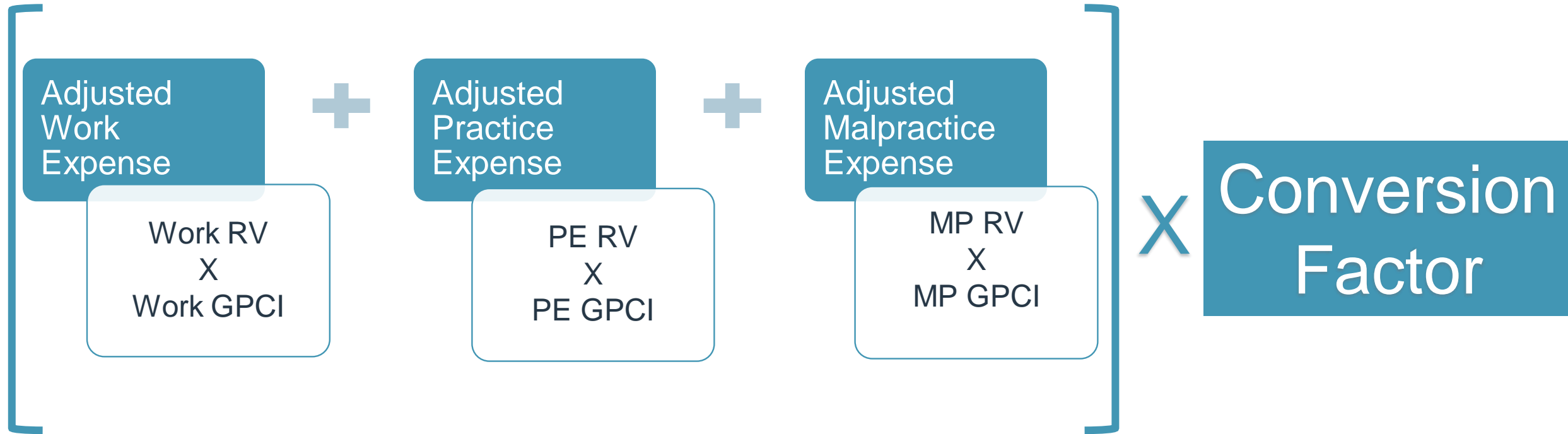




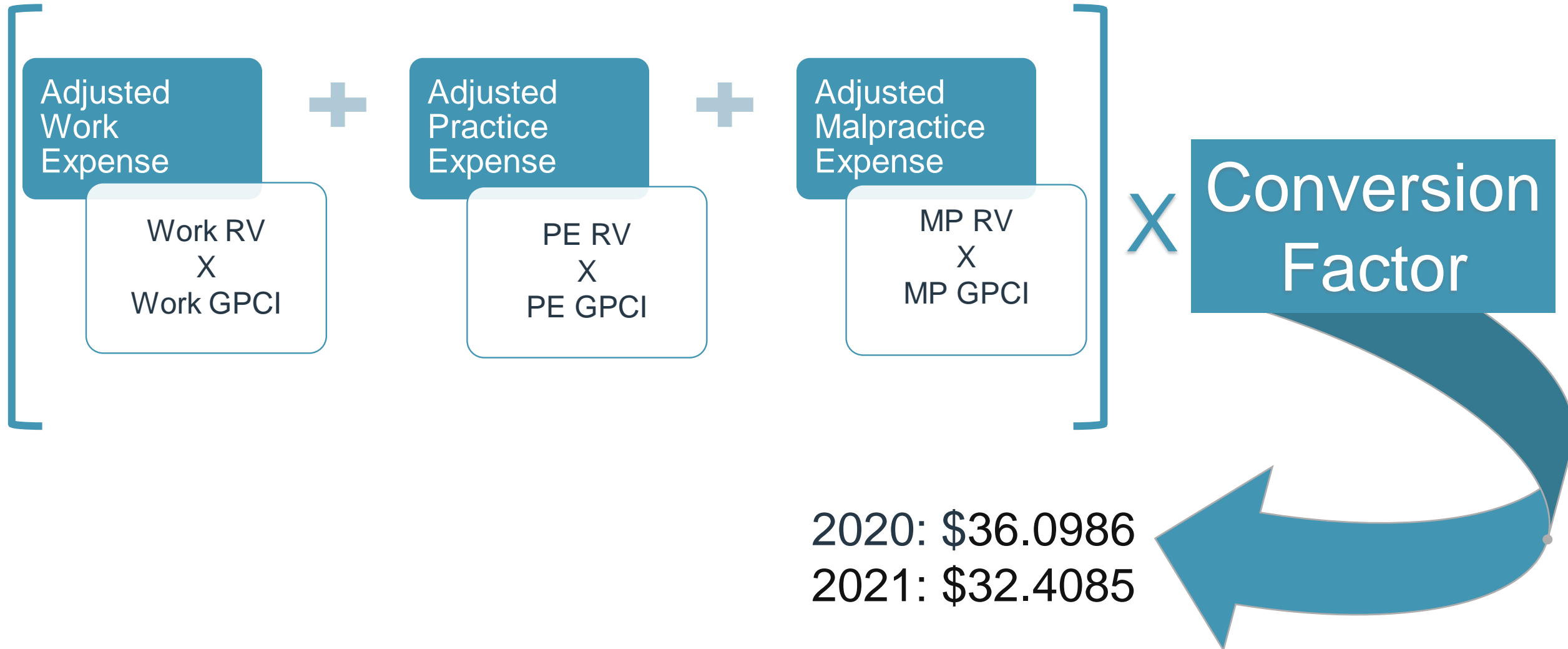
Start with Why

Simon Sinek

Review of Fee Schedule Calculation



Review of Fee Schedule Calculation



Estimated Impact – Common PT Codes

Code Description	2020 RVU	2021 RVU	2020 Price	2021 Price	Change	Percent
97110 Ther Ex	0.87	0.87	\$ 31.41	\$ 28.20	\$ (3.21)	-10.2%
97112 Neuromuscular Re-Ed	1.00	1.01	\$ 36.10	\$ 32.73	\$ (3.37)	-9.3%
97116 Gait Training	0.86	0.87	\$ 31.04	\$ 28.20	\$ (2.85)	-9.2%
97140 Manual Therapy	0.80	0.80	\$ 28.88	\$ 25.93	\$ (2.95)	-10.2%
97530 Ther Act	1.12	1.13	\$ 40.43	\$ 36.62	\$ (3.81)	-9.4%
97161 Low Complexity PT Eval	2.43	2.95	\$ 87.72	\$ 95.61	\$ 7.89	9.0%
97162 Moderate Complexity PT Eval	2.43	2.94	\$ 87.72	\$ 95.28	\$ 7.56	8.6%
97163 High Complexity PT Eval	2.43	2.94	\$ 87.72	\$ 95.28	\$ 7.56	8.6%
97164 PT Re-eval	1.67	2.00	\$ 60.28	\$ 64.82	\$ 4.53	7.5%

Assumptions:

- Not geographically adjusted
- Decrease in Conversion Factor from \$36.0986 to \$32.4085
- Does not account for MPPR, Sequestration or MIPS Fee Schedule Adjustment

Estimated Impact – Common OT Codes

Code Description	2020 RVU	2021 RVU	2020 Price	2021 Price	Change	Percent
97533 Sensory Integration	1.47	1.75	\$ 53.06	\$ 56.71	\$ 3.65	6.9%
97535 Self Care Mngmt Training	0.97	0.97	\$ 35.02	\$ 31.44	\$ (3.58)	-10.2%
97537 Community/Work Integration	0.93	0.93	\$ 33.57	\$ 30.14	\$ (3.43)	-10.2%
97542 Wheelchair Mngmt Training	0.94	0.94	\$ 33.93	\$ 30.46	\$ (3.47)	-10.2%
97165 Low Complexity OT Eval	2.58	2.85	\$ 93.13	\$ 92.36	\$ (0.77)	-0.8%
97166 Moderate Complexity OT Eval	2.57	2.85	\$ 92.77	\$ 92.36	\$ (0.41)	-0.4%
97167 High Complexity OT Eval	2.57	2.85	\$ 92.77	\$ 92.36	\$ (0.41)	-0.4%
97168 OT Re-eval	1.78	1.91	\$ 64.26	\$ 61.90	\$ (2.36)	-3.7%

Assumptions:

- Not geographically adjusted
- Decrease in Conversion Factor from \$36.0986 to \$32.4085
- Does not account for MPPR, Sequestration or MIPS Fee Schedule Adjustment

Estimated Impact – Common SLP Codes

Code Description	2020 RVU	2021 RVU	2020 Price	2021 Price	Change	Percent
92507 Speech treatment	2.25	2.23	\$ 81.22	\$ 72.27	\$ (8.95)	-11.0%
92526 Oral Function Therapy	2.48	2.48	\$ 89.52	\$ 80.37	\$ (9.15)	-10.2%
92521 Eval Speech Fluency	3.21	3.91	\$ 115.88	\$ 126.72	\$10.84	9.4%
92522 Eval Speech Production	2.62	3.30	\$ 94.58	\$ 106.95	\$12.37	13.1%
92523 Speech Sound Language Comprehension	5.50	6.71	\$ 198.54	\$ 217.46	\$18.92	9.5%
92524 Behavioral Qualitative Analysis Voice	2.56	3.22	\$ 92.41	\$ 104.36	\$11.94	12.9%

Assumptions:

- Not geographically adjusted
- Decrease in Conversion Factor from \$36.0986 to \$32.4085
- Does not account for MPPR, Sequestration or MIPS Fee Schedule Adjustment

Back of the Envelope

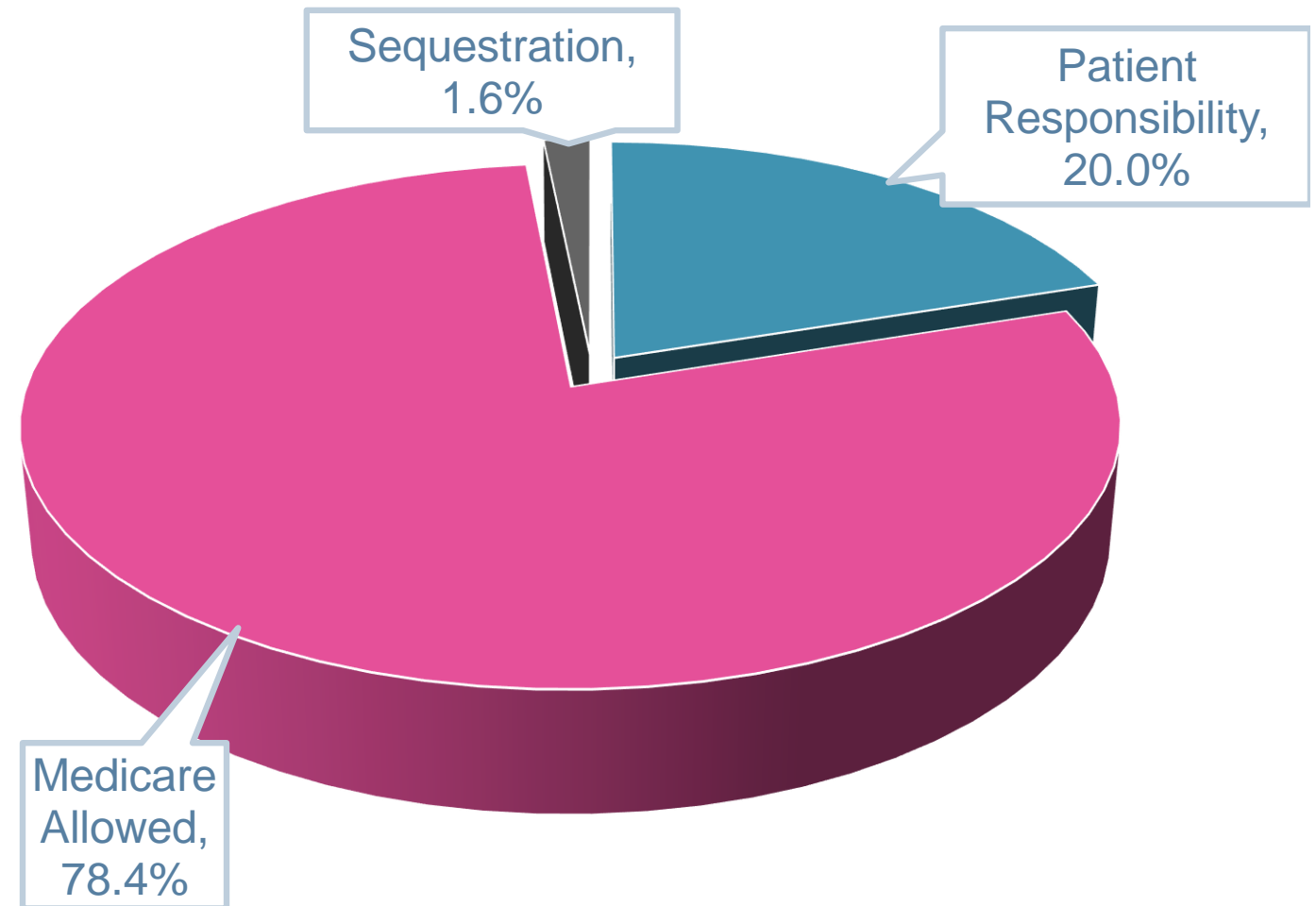
Estimating Total Impact

$$\begin{array}{|c|} \hline \text{2019 Total Revenue} \\ \hline \$400,000 \\ \hline \end{array} \times \begin{array}{|c|} \hline \text{Percent Medicare Caseload} \\ \hline 25\% \\ \hline \end{array} = \begin{array}{|c|} \hline \text{Estimated 2021 Medicare Revenue Before Decrease} \\ \hline \$100,000 \\ \hline \end{array}$$

$$\begin{array}{|c|} \hline \text{Estimated 2021 Medicare Revenue Before Decrease} \\ \hline \$100,000 \\ \hline \end{array} \times \begin{array}{|c|} \hline \text{Assumed Percent Decrease in Revenue} \\ \hline .09 \\ \hline \end{array} = \begin{array}{|c|} \hline \text{Total Estimated Impact} \\ \hline \$9,000 \\ \hline \end{array}$$

2% Sequestration

- Cares Act, Section 3709
- Suspended 5/1/2020 - 12/31/2020
- Resumes 1/1/2021
- Affects only Provider Portion, not Beneficiary Responsibility



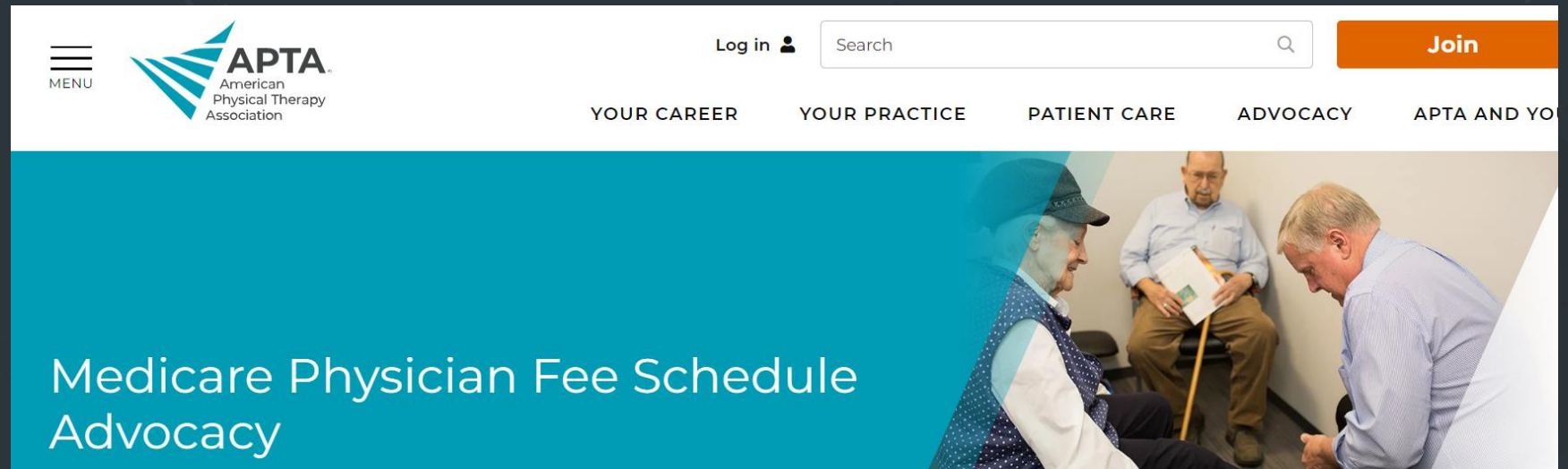
Advocacy Efforts

Holding Providers Harmless From Medicare Cuts During COVID-19 Act of 2020 (H.R. 8702)

- Introduced in the House on 10/30/2020
- Adds funding to Medicare
- Directs CMS to reset payment to 2020 levels for the specialties, including PT, OT, SLP impacted by the cuts in the Final Rule
- Keeps payment stable for the next 2 years

A Bill to Amend Title XVIII of the Social Security Act to Provide for an Increase in Payment under Part B of the Medicare Program for Certain Services in Response to COVID-19

(Companion Senate Bill S.5007)



<https://www.apta.org/advocacy/issues/medicare-physician-fee-schedule>

Additional Therapy Reductions

CURRENT Reductions and Adjustments

- MIPS Adjustments
- MPPR (Multiple Procedure Payment Reduction)
- Sequestration
 - Currently suspended for PHE
 - Reduction applicable to provider portion (80%), not beneficiary (20%)

UPCOMING Reductions and Adjustments

- MIPS Adjustments
- Reduction in services provided in whole or in part by PTA or OTA, effective 2022
- MPPR

MPPR: [MM7050.pdf \(cms.gov\)](#)
Assistant Modifier: [R4440CP.pdf \(cms.gov\)](#)

Assistant Modifier Refresher

2020 Proposed Rule

CPT	Assistant Minutes	Total Minutes	Units Allowed	Claim		
	Therapist Minutes			Units	Mod 1	Mod 2
97110	5	49	3	3	GP	CQ
	44					

2020 Final Rule

CPT	Assistant Minutes	Total Minutes	Units Allowed	Claim		
	Therapist Minutes			Units	Mod 1	Mod 2
97110	5	49	3	1	GP	CQ
	44			2	GP	--

CCI Edit Whiplash



CAPITOL BRIDGE
National Correct Coding Initiative
P.O. Box 368
Pittsboro, IN 46167-0368
Fax: 317-571-1745

January 24, 2020

Sharon Dunn, PT, PhD
President
American Physical Therapy Association
1111 N. Fairfax Street
Alexandria, VA 22314-1488
Phone# 703-684-2782
Fax # 703-684-7343
www.apta.org

Dear Dr. Dunn,

Thank you for your inquiry regarding the National Correct Coding Initiative (NCCI) program. The Centers for Medicare & Medicaid Services (CMS) owns the NCCI program and is responsible for all decisions regarding its contents.

In your correspondence, you inquired about the recent implementation of certain Procedure-to-Procedure (PTP) edits related to therapy services. Your inquiry concerns PTP edits that resulted from coding crosswalks based on Current Procedural Technology (CPT) Manual instructions.

After reviewing this issue more closely, CMS has made the decision to retain the edits that were in effect prior to January 1, 2020, and to delete the following January 1, 2020 PTP edits:

CCI Journey for 2020

Dec 1 - Jan 1 **Jan 2020 CCI Edits Implemented**

Jan 7 - Jan 31 **Webinars re: Problematic Edits**

Jan 26 - Mar 30 **Mitigation for Claims Submitted with Problem Edits**

Jan 31 - Feb 7 **Revised Edits Implemented**

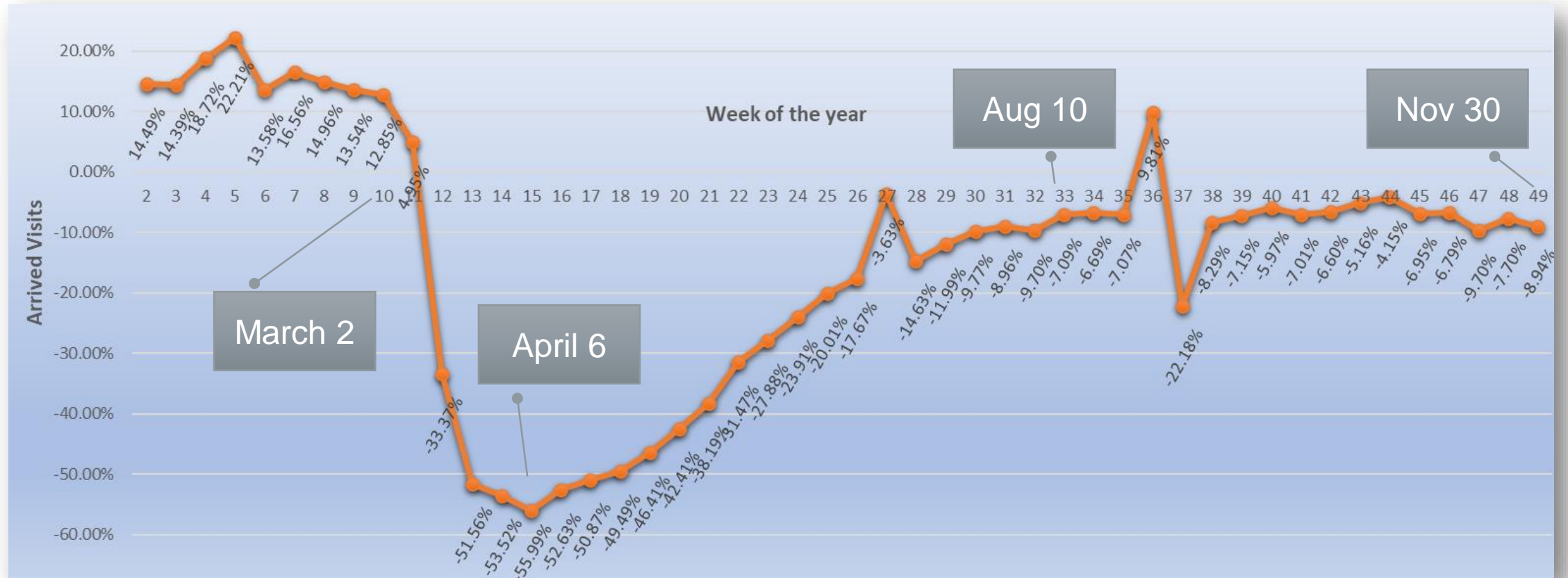
Dec 1 - Jan 1 **Jan 2021 CCI Edits Implemented**



Examples of Retroactively Rescinded Code Pairs

Group	Position 1	Position 2
Treatment Codes with Re-Evals	97110, 97112, 97113, 97116, 97150	97164, 97168
Evals with Manual Therapy	97161-97163 97165-97167	97140
Therapeutic Act. with Selected Treatment Codes or Evals	97530	97116, 97535, 97750 97161-97168
Manual Therapy with Selected Treatment Codes or Evals	97140	97164, 97168, 97530, 97750

Weekly Visit Comparison 2020 vs. 2019



Telehealth

- Relevant Practice Act
 - Supervision & Delegation
- Licensure
 - CMS
 - Interstate Licensure Compacts:
 - <https://www.cms.gov/files/document/SE20008.pdf>
- PT: Physical Therapy Compact –Actively Issuing and Accepting Compact Privileges in 20 States
 - <http://ptcompact.org/>
- OT: Plans in place anticipated for 2024
- SLP: ASLP-IC is operational when 10 states enact the legislation for the compact.



Communication Technology Based Services

- Traditional Medicare Coverage
- Other government payers and commercial payers have different regulations and requirements for providing these services.
- Refer to CPT and HCPCS code definitions and payer requirements.
- In addition to CMS regulations, check your state practice act and other state and federal regulations to determine your eligibility to provide these services.

Group Description	CPT/HCPCS Therapy Practices	Comments
Telephone Assessment & Management	98966	Effective through the end of the PHE
	98967	
	98968	
Evisit	98970	"Sometimes therapy" codes
	98971	
	98972	
Remote Evaluation of Recorded Video and/or images...	G2250	
Virtual Check-In	G2251	

Therapy Telehealth

- Traditional Medicare Coverage
- Other government payers and commercial payers have different regulations and requirements for providing these services.
- Refer to CPT and HCPCS code definitions and payer requirements.
- In addition to CMS regulations, check your state practice act and other state and federal regulations to determine your eligibility to provide these services.

Group Description	CPT/HCPCS Therapy Practices	Comments
PT/OT Treatment Codes	97110	Category 3 Therapists may use within their scope of practice until end of PHE
	97112	
	97116	
	97535*	
	97750	
	97755	
	97760	
	97761	
PT/OT Eval and Re-eval Codes	97161-97168	
SLP Eval Codes	92521-92524	
SLP Treatment	92507	

*97535 may be used as an audio-only code through the end of the PHE

Therapy ~~Cap~~ Threshold for 2021

PT & SLP Combined
\$2110

OT
\$ 2110

The amount for the original “therapy cap” (BBA-1997) was retained as the basis for the (first) medical necessity threshold in the legislation (BBA-2018) that permanently eliminated the therapy cap

Therapy Thresholds – 2 Tiers

	Therapy Threshold	Targeted Medical Review
Allowed Medicare Payment	\$2110	\$3000
Requirements	KX Modifier to attest to medical necessity No annual cap on therapy services	Potential targeted audit
Mitigation Strategies	Explicit attestation from therapist of medical necessity Understand voluntary and mandatory use of ABN	Support medical necessity of continued care Consistent policy Peer review (internal/external)

“By using the KX modifier, the therapist and therapy provider **attest** that the services above the KX modifier thresholds are **reasonable and necessary** and that **documentation** of the medical necessity for the services is in the beneficiary’s **medical record**.”

SIGN VISIT

Time

Medicare

Faxing

Sign Off

This patient’s annual allowed charges are about to exceed the annual therapy threshold. Indicate below whether or not continued services are medically necessary.

☒ Continued services are medically necessary.

☐ Continued services are not medically necessary.

CMS Requirements

Students and Medical Records for Physicians and Non-Physician Practitioners

SIGN VISIT

Time

Faxing

Sign Off


Cosign

☒ Route to Supervisor for signing
Supervisor *

Scott Roberts

Electronic Signature

Password

..... 

- **Finalized** broad modifications to medical record documentation requirements
- **Clarified**
 - Physicians and NPPs, including therapists, can review and verify documentation entered into the medical record by members of the medical team for their own services that are paid under the PFS.
 - Therapy students, and students of other disciplines, working under a physician or practitioner who furnishes and bills directly for their professional services to the Medicare program, may document in the record so long as the documentation is reviewed and verified (signed and dated) by the billing physician, practitioner, or therapist.

[Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2021 | CMS](#)

Therapy Students: Caution

- Only the services of the therapist can be billed and paid under Medicare Part B.
- The services performed by a student are not reimbursed even if provided under “line of sight” supervision of the therapist; however, the presence of the student “in the room” does not make the service unbillable.
- Pay for the direct (one-to-one) patient contact services of the physician or therapist provided to Medicare Part B patients.
- Group therapy services performed by a therapist or physician may be billed when a student is also present “in the room”.

[Medicare Benefit Policy Manual \(cms.gov\) §230\(B\)\(1\)](#)

Therapy Students: CMS Examples

- Therapists may bill and be paid for the provision of services in the following scenarios:
 1. The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
 2. The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.
 3. The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician's service, not for the student's services).

[Medicare Benefit Policy Manual \(cms.gov\) §230\(B\)\(1\)](#)

Maintenance Therapy

- CMS finalized Part B policy for maintenance therapy services that was adopted on an interim basis for the PHE in the May 1, 2020 COVID-19 IFC (85 FR 27556).
- Finalized policy allows physical therapists (PT) and occupational therapists (OT) to delegate the furnishing of maintenance therapy services, as clinically appropriate, to a physical therapy assistant (PTA) or an occupational therapy assistant (OTA).
- This Part B policy allows PTs/OTs to use the same discretion to delegate maintenance therapy services to PTAs/OTAs that they utilize for rehabilitative services.

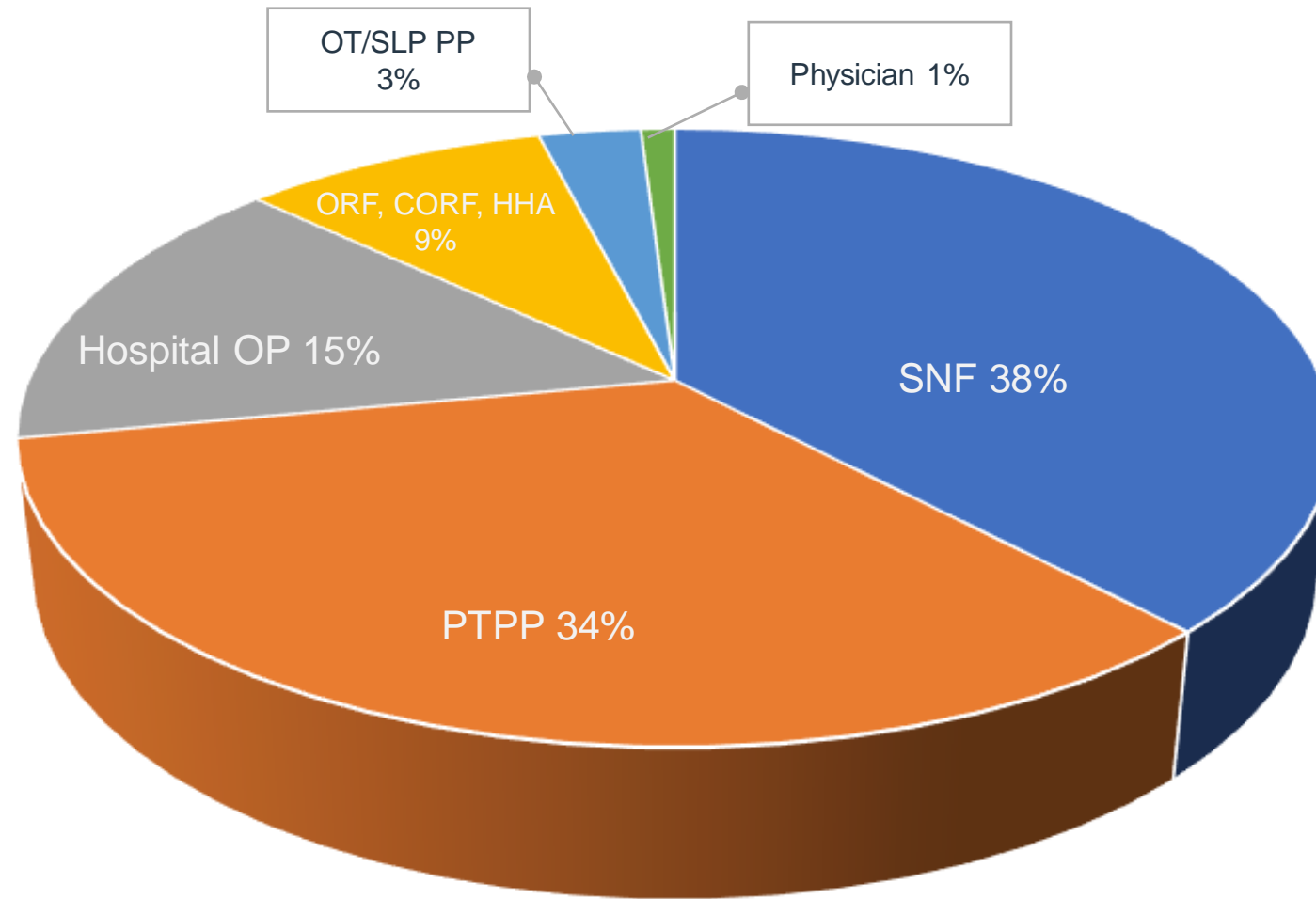
[Jimmo Settlement | CMS](#)
[Frequently Asked Questions \(FAQs\) Regarding Jimmo Settlement Agreement | CMS](#)

ABN: Mandatory

- The Advance Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131, is issued by providers (including independent laboratories, home health agencies, and hospices), physicians, practitioners, and suppliers to Original Medicare (fee for service - FFS) beneficiaries in situations **where Medicare payment is expected to be denied.**
- The ABN is issued in order to **transfer potential financial liability** to the Medicare beneficiary in certain instances

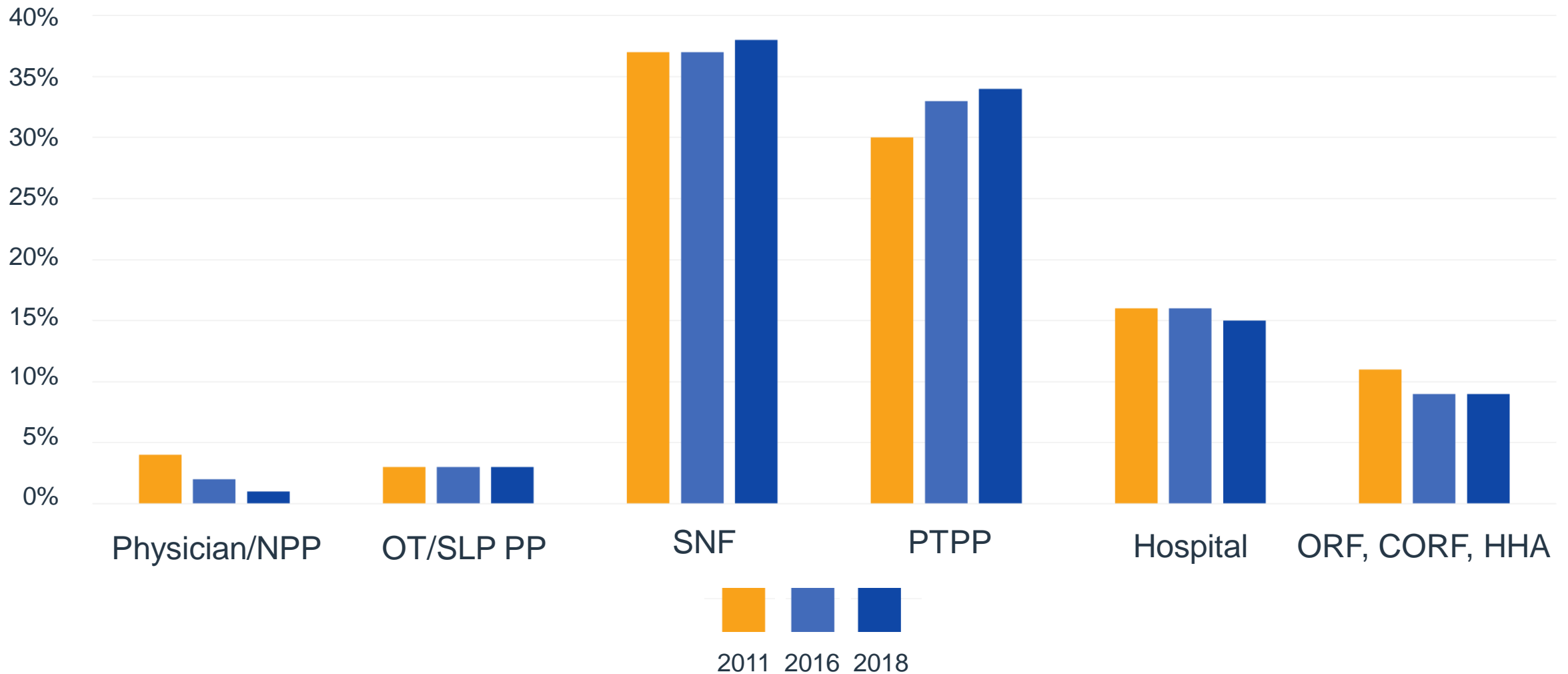
(A) Notifier(s):		(C) Identification Number:
(B) Patient Name:		
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)		
NOTE: If Medicare doesn't pay for (D) _____ below, you may have to pay.		
Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the (D) _____ below.		
(D) _____	(E) Reason Medicare May Not Pay:	(F) Estimated Cost:
WHAT YOU NEED TO DO NOW:		
<ul style="list-style-type: none">• Read this notice, so you can make an informed decision about your care.• Ask us any questions that you may have after you finish reading.• Choose an option below about whether to receive the (D) _____ listed above.		
Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.		
(G) OPTIONS: Check only one box. We cannot choose a box for you.		
<input type="checkbox"/> OPTION 1. I want the (D) _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for		

MedPAC – Distribution of OP Therapy Spending: 2018



[medpac_payment_basics_20_opt_final_sec.pdf](#)

Therapy Outpatient Spending: Comparison



[medpac payment basics 20 opt final sec.pdf](#)

Fearless Predictions for 2021

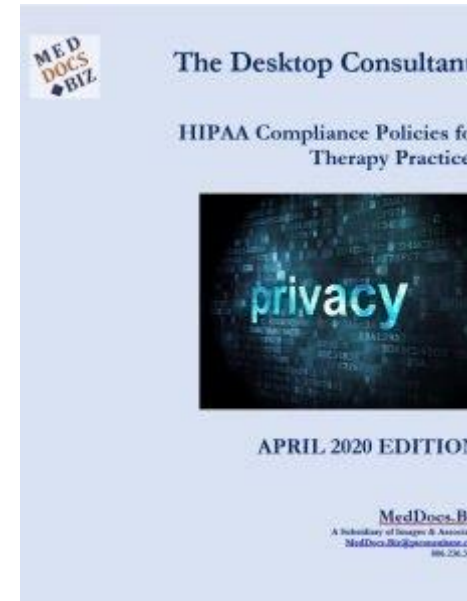
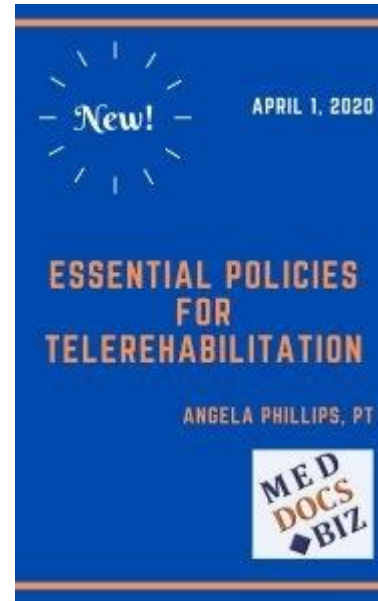


Let's Talk



Holiday Compliance Specials!

Nancy Beckley & Associates Store



40% Discount (through 12/24/2020): Code: merrychristmas

<https://nancybeckley.com/store/>

Thank You