



## **What's New**

### **APTA Working with Medicare Staff to Address Functional Limitation Reporting Issues**

The payment adjustment phase of functional limitation reporting (FLR) that was scheduled to go into effect on July 1, 2013 was delayed until October 1, 2013. Following the implementation phase of the payment adjustment, APTA became aware of systems issues that have resulted in processing delays and errors of some claims with FLR data. APTA has been working with Medicare central staff to resolve these issues.

In an effort to collect as much information about these systems issues APTA has created a new FLR complaint form that can be found on APTA's [FLR webpage](#).

### **New Wound Treatment Code Available to PTs**

*The following is reprinted from a January 16, PT in Motion: News Now article:*

A new code for the use of a modality to heal wounds using sound energy has been made available to physical therapists (PTs) in the 2014 version of the Current Procedural Terminology (CPT) document published by the American Medical Association.

The new active wound care management code 97610 replaces Category III code 0183T. The modality uses acoustic energy to atomize saline and deliver ultrasound energy by way of a continuous mist to the wound bed and surrounding tissue, and is identified as "low frequency, noncontact, nonthermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day."

As always, therapists are reminded to check payer policy to determine coverage for CPT codes. For more information on CPT codes, visit APTA's [Coding and Billing](#) webpage.

### **Tips for Verification of Coverage in Health Insurance Marketplace Plans**

As more consumers obtain health insurance through the marketplace plans, practices and their patients will be facing new challenges. APTA is developing resources to better understand marketplaces, available at <http://www.apta.org/HealthInsuranceMarketplaces/>.

One of the challenges practices face is verifying coverage. Patients may have just recently purchased their insurance and may not yet have an identification card. Here are a few tips for verifying coverage, and additional tips and resources are posted at APTA's [Health Insurance Marketplace](#) website.

- **Federal marketplaces** – Call the patient's insurance plan customer service line. A list of all plans and their customer service numbers can be found in this [database](#). A fact sheet for using the

database is available [here](#). If you cannot locate a number, call the Marketplace call center at [800/318-2596](tel:8003182596).

- **State marketplaces** – Contact your state Medicaid office. State exchange information is available [here](#).

Practices can further help their patients by reminding them to carry their insurance card with them at all times, and to keep all of their paperwork and receipts from doctor appointments and other medical expenses. They may need these for their insurer purposes.

### **Revised CMS 1500 Paper Claim Form Now in Use**

Centers for Medicare and Medicaid Services (CMS) began receiving claims on the revised CMS 1500 claim form ([02/12](#)) on January 6, 2014. The CMS 1500 claim form is the required format for submitting professional and supplier claims to Medicare on paper, when submitting paper claims is permissible.

Among other changes, the revised form has indicators for differentiating between ICD-9-CM and ICD-10-CM diagnosis codes, expands the number of possible diagnosis codes to 12, and has qualifiers to identify provider roles in item 17 (ordering, referring, supervising). ICD-10 codes should not be reported until October 1, 2014.

CMS will continue to accept the old (08/05) form through March 31, 2014. On April 1, 2014, claims sent using the 08/05 version will not be accepted.

*Note:* The Administrative Simplification Compliance Act (ASCA) requires that Medicare claims be sent electronically unless certain exceptions are met. Some Medicare providers qualify for these exceptions and send their claims to Medicare on paper. For more information about ASCA exceptions, please contact the Medicare administrative contractor (MAC) who processes your claims. Claims sent electronically must abide by the standards adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The current standard adopted under HIPAA for electronically submitting professional health care claims is the 5010 version of the ASC X12 837 Professional Health Care Claim standard, and its implementation specification, Technical Report 3 (TR3). More information about the ASC X12 and TR3 is available on the [ASC X12](#) website.

### **Alliance for Health Reform Develops SGR Toolkit**

The Alliance for Health Reform has developed a new [Alliance toolkit](#) that summarizes the current policy debate surrounding Medicare's current flawed payment system for physicians, and options for replacement. Congress is as close as it has ever been to scrapping the sustainable growth rate (SGR) formula, implemented in 1997, for an alternate system of paying doctors based on the quality—rather than the quantity—of services.

The [Toolkit](#) contains an explanation of the SGR issue, links to relevant articles and reports, and contact information for leading experts on the issue. It was produced with support from the Robert Wood Johnson Foundation.

Additional information and updates are available on APTA's [2014 Medicare Changes](#) webpage.

### **California Senate Passes Provider Notice and Coverage Bill**

The California Senate recently passed a bill (SB780) requiring insurers to give proper notice when providers are removed from networks, and requiring insurers to maintain coverage for appointments made prior to the change in a provider's network status. The bill addresses an insurance regulation gap between the Department of Managed Health Care, which already has such requirements in place, and the Department of Insurance (DOI), which does not.

DOI Deputy Commissioner Janice Rocco noted the bill is an important step to ensure that consumers continue to get the care they need, rather than be surprised by high out-of-network bills. More information about the bill, which now moves to the Assembly, is available [here](#).

### **Revised CPT Codes Delayed Until 2016**

The magnitude of proposed changes to an entire family of physical medicine and rehabilitation codes has prompted the editorial panel for the American Medical Association's (AMA) Current Procedural Terminology document to postpone finalization of the revisions. Instead, the committee agreed to allow additional time for pilot testing and refinement and has targeted a January 2016 implementation date.

APTA representatives participated in the most recent editorial panel meeting February 6–8, where the group discussed options for revisions to the 97000 series of the CPT codes (physical medicine and rehabilitation). The panel expressed support for the direction of the coding proposal and made some suggestions for refinements. The codes are set to be pilot tested during the coming weeks.

APTA is committed to refining the definitions of the new codes and will be issuing a request for proposals for carrying out the pilot project.

## **Federal Payment**

### **CMS Announces ICD-10 Testing to Occur March 3-7**

In a recent MedLearn Matters® article ([MM8465](#)), the Centers for Medicare and Medicaid Services announced plans for testing submission of claims with ICD-10 coding between March 3– 7, 2014. Medicare administrative contractors have been instructed to implement an ICD-10 testing week, which will give providers and suppliers access to real-time help desk support.

APTA encourages PTs to contact their MAC to register for testing. Visit your MACs website for more information.

## **Component Advocacy News and Tips**

### **Hawaii Chapter Influences Workers' Compensation Fee Increases**

Members of the Hawaii Chapter were invited to participate with other stake holders to examine the Hawaii workers' compensation fee schedule in 2013. Chapter members Derrick Ishihara and Art Lum met with the director of the Department of Labor and Industrial Relations (DLIR) and his staff in the spring of 2013, and also provided testimony in public hearings in the fall of 2013 in favor of fee increases. In 2014, the DLIR released a new work comp fee schedule with positive changes for more than 200 CPT codes. The majority of common CPT codes used by PTs were increased effective January 1, 2014. Hawaii's regulations provide for a Medicare plus 10% fee schedule for workers' compensation fees, but the DLIR can establish a supplemental fee schedule in which fees are no longer tied to changing Medicare fee schedules.

### **Maryland Chapter, APTA Achieve Medicaid Fee Schedule Expansion**

Following more than 2 years of collaboration, APTA and the Maryland Chapter were successful in expanding the fee schedule for Maryland's Medicaid program to include additional procedure codes directly related to physical therapy. The additional CPT codes went into effect on December 1 for the Maryland Medical Assistance Program and include a range of codes that more appropriately describe the services provided by physical therapists. Previously, the program's fee schedule was limited to 4 codes: PT evaluation, therapeutic exercise, unlisted therapeutic procedure, and manual therapy. APTA and the Maryland Chapter voiced concerns over the limitations of the codes. The added codes will strengthen increased patient access to physical therapy services achieved through the expansion of Medicaid under the Affordable Care Act. Patience and persistence prevailed in this situation.

### **Virginia Chapter Seeks Input from Other Chapters**

Virginia Chapter Payment Specialist Angela Brooks requests that chapters who have addressed the following problems contact her to discuss their experiences:

- Insurance plan designs that assess additional copayments when manual therapy is reported on the same date as other services. The payment policy is supported administratively by Anthem, and some employers have chosen the policy in an effort to manage medical costs.
- Some payers have been publishing provider directories that list providers who are not physical therapists under the heading "Physical Therapy."

Angela can be reached at [angelasbrooks@verizon.net](mailto:angelasbrooks@verizon.net).

## **APTA Resources**

### **ICD-10 Resources Available**

APTA staff members Matt Elrod and Gillian Leene recently conducted an ICD-10 webinar for component payment chairs and practice chairs. The January 23 webinar was recorded and is now available under "general information" at <http://www.apta.org/Payment/Coding/ICD10/>.

While property/casualty insurers are not required to adopt ICD-10, the following state workers' compensation systems have announced intentions to adopt ICD-10 effective October 1, 2014: California, Idaho, Minnesota, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South

Dakota, Texas, Utah, Washington, Wisconsin, and Wyoming. Additional states are expected to follow.

## **2014 PQRS Changes Discussed**

The Physician Quality Reporting System (PQRS) has changed for 2014, and physical therapists need to understand what's different. APTA provides the resources that will keep you up-to-date.

APTA is producing podcasts that address both the overall changes and changes to individual measures in PQRS, including current medications (#130), pain assessment (#131), falls plan of care (#155), and functional outcome assessment (#182).

Additionally, for those reporting via the claims-based reporting mechanism, APTA has developed new, quick reference guides measures and data collection sheets for each of the measures.

The podcasts and other resources can be found on APTA's [PQRS webpage](#).

## **Federal Resources**

### **CMS Released Manual Updates Pursuant to *Jimmo vs Sebelius***

*Manual Updates to Clarify Skilled Nursing Facility (SNF), Inpatient Rehabilitation Facility (IRF), Home Health (HH), and Outpatient (OPT) Coverage Pursuant to "Jimmo vs Sebelius"* has been released and is now available in downloadable format ([MLN Matters® Article #MM8458](#)).

This article is designed to provide education on the updated portions of the Medicare Benefit Policy Manual. It includes clarification on the coverage requirements of skilled nursing and skilled therapy services to Medicare beneficiaries.

### **Inpatient Rehab Facility Prospective Payment System Fact Sheet Revised**

The Medicare Learning Network recently released a revised version of the Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS) [fact sheet](#). This fact sheet is designed to provide education on the IRF PPS, and includes background information as well as information about the elements of the IRF PPS, and quality reporting.

## **APTA Activities / Calendar of Events**

### **APTA Integrity in Practice Campaign Launches Free Webinar**

APTA's new Integrity in Practice campaign has three primary objectives: (1) to demonstrate the profession's leadership and commitment to curbing fraud and abuse; (2) to help members avoid audits, penalties, and excessive oversight; and (3) to stop the current trend toward overly burdensome regulations. A new [education module](#) titled "Navigating the Regulatory Environment: Ensuring Compliance While Promoting Professional Integrity" is free to both members and non-members and is available on APTA's Learning Center. APTA is also working with the American Board of Internal Medicine (ABIM) Foundation to participate in its [Choosing Wisely](#) campaign. The campaign identifies treatments, tests, and procedures that are done frequently but perhaps are not necessary. The development of the list of "5 Things that Physical Therapists and Patients Should Question" will be a transparent and participatory process, as

APTA obtains input from members from all practice settings and patient populations. The process for development of the list will begin March 1.