

Source: AHCA/NCAL email on February 18, 2020



EMAIL UPDATE

Dear AHCA/NCAL Member:

There are several significant developments impacting the current calendar year [\(CY\) 2020 Medicare physician fee schedule \(PFS\) policies](#) and rates that for Part B physical therapy (PT), occupational therapy (OT) as well as speech-language pathology (SLP) services. Additionally, there is the potential of an eight percent rate cut in CY 2021 for these Part B therapy services. Below we provide a summary of these developments. Providers are encouraged to share this information, particularly the CY 2020 updates, with therapy and billing staff. The supporting documents AHCA provided prior to these changes have been updated and are included below to reflect these modifications.

Medicare Part B Therapy Procedure Payment Rates for 2020

On November 15, 2019, the Centers for Medicare and Medicaid Services (CMS) published the CY 2020 PFS payment [Final Rule](#) that updated the payment rates for individual billing procedure codes used to report outpatient therapy services. The Final Rule also established coding requirements for the reporting of therapy services furnished in whole or in part by a therapy/therapist assistant. In January 2020, CMS updated the rate files which changed the fee schedule rates in many geographic locations due to legislation enacted in late December 2019. AHCA has updated the CY 2020 Rate File which can be found [here](#). A fact sheet summarizing the changes can be found [here](#).

CMS Rescinds Troublesome NCCI Medicare Part B Therapy Claim Edits Retroactive to 1/1/2020

After an advocacy effort conducted by AHCA and other organizations, CMS rescinded 18 problematic National Correct Coding Initiative (NCCI) Edits retroactive to January 1, 2020. These would have prohibited payments for Medicare Part B PT and OT evaluations on the same day that some common procedural terminology (CPT) billing codes were billed on a claim. On January 24, 2020, the CMS NCCI edit development contractor sent [this letter](#) to AHCA describing the policy reversal. The contractor also sent a follow-up [letter](#) that includes additional details about what to do if providers submitted claims prior to this reversal that were denied due to the edits. The current accurate NCCI edit tables effective January 1, 2020 are available [here](#).

Congress Submits Letter to CMS Regarding Potential Cuts to Medicare Part B Payments in CY 2021

On February 5, 2020, in response to concerns raised by AHCA and other impacted provider groups, a bipartisan group of 99 members of the U.S. House of Representatives submitted a [letter](#) to CMS; the letter regards potential cuts to nonphysician providers in CY 2021 since the estimated cut for Part B therapy services was listed by CMS as eight percent in the 2020 Medicare PFS final rule. In the letter, Congress asked CMS to explain the methodology used in estimating the payment cuts, and to describe what additional information CMS planned to take into consideration before implementing such changes in the CY 2021 payment rule.

Provider Coalition Letter Submitted to CMS Regarding Potential Cuts to Medicare Part B Payments in CY 2021

On February 10, 2020, a coalition of 13 provider organizations, including AHCA, submitted a comment [letter](#) to CMS regarding the estimated payment reductions to 37 different provider specialties. These specialties included PT, OT, and SLP services in CY 2021 to offset increased physician evaluation and management code payments. The letter details specific recommendations for CMS to consider in order to minimize or defer any rate reductions as the Agency develops the CY 2021 PFS proposed rule. The final rule is anticipated to be issued this summer. The provider coalition recommendations fall under these three major headings:

1. Review impact of budget neutrality and the conversion factor adjustment on specialty providers;
2. Defer or cancel implementation of add-on code GPC1X until new policy is authorized by Congress to cover new (currently unreimbursed) services under the Medicare program; and
3. Phase-in payment decreases to minimize the immediate impact on affected providers.

Please contact AHCA Associate Vice President, Therapy Advocacy [Dan Ciolek](#) if you have questions related to these developments.

This message contains confidential information and is intended only for AHCA/NCAL membership. Dissemination, distribution or copying the contents of this email beyond this group is strictly prohibited.



© 2019 American Health Care Association/National Center for Assisted Living



This email was sent by: American Health Care Association
1201 L St. NW Washington, DC 20005 United States