2% Medicare Sequester Moratorium:

The US Senate passed a compromise bill to extend the moratorium on the Medicare Sequestration. The Senate compromise bill will provide a nine-month extension of the moratorium on the -2% Medicare sequester through the end of 2021. However, the House needs to vote on the Senate compromise but isn't currently in session, and won't return until mid-April. That means the March 31 deadline for the end to the moratorium would still be in effect, creating a temporary gap during which the 2% sequestration technically will return. The APTA is trying to get clarity from the U.S. Centers for Medicare & Medicaid Services on how it will handle the gap between the expiration of the moratorium on March 31 and the enactment of the moratorium extension sometime in April. It is possible that CMS will hold claims submitted on and after April 1st. until the extension is enacted or will retroactively reprocess the claims, but CMS hasn't indicated what it plans to do yet.

PTA Differential and CQ Modifier update:

The CQ modifier is required to indicate that at least 10% of a service was provided by a PTA. The APTA met with CMS about the application of the CQ modifier and implementation of the differential policy. CMS subsequently issued additional guidance listed below on application of the CQ modifier, which the APTA is now working with the agency to revise, as they disagree with their interpretation of their own policy.

1. Only the minutes the PTA spends independent of the PT count toward the 10% de minimis standard.
2. Apply the 10% de minimis standard to untimed codes and to each billed unit of a timed code rather than to all billed units of a timed code.
3. If a PTA's time spent furnishing care exceeds 10% of the total time spent furnishing an untimed code, apply the CQ modifier.
4. If a PTA's time spent furnishing care exceeds 10% of a unit of service, apply the CQ modifier to the unit.
5. If a PTA's time spent furnishing care is 10% or less of a unit of the service, do not apply the CQ modifier, even though the time is not billable.

Telehealth:

Lawmakers in the U.S. House of Representatives has introduced APTA-backed legislation that would make payment for services delivered via telehealth a permanent option for PTs and PTAs participating in Medicare. If passed into law, the legislation would represent a major shift in payment policy long advocated by APTA. Known as the Expanded Telehealth Access Act (H.R. 2168), the bill was initially sponsored by Reps. Mikie Sherrill, D-N.J., and David McKinley, R-W.Va. The proposed legislation rapidly gained additional support from both

parties, and by the time of its introduction, it included 14 additional original cosponsors. The association is urging all PTs, PTAs, students, patients, and other supporters to contact members of Congress by way of the APTA Patient Action Center to voice their support for the new bill. Essentially, the bill would instruct the U.S Centers for Medicare & Medicaid Services to permanently adopt what is a temporary waiver of restrictions on payment for telehealth delivered by PTs and PTAs, occupational therapists, occupational therapy assistants, speech-language pathologists, and audiologists. The Secretary of Health and Human Services also would be allowed to further expand the list of authorized telehealth providers.

Reimbursement Payment changes:

Many payers have shifted from check-based payment. The shift to electronic fund transactions is accelerating. There can be up to a 5% EFT fee imposed on the provider. It is important to identify those entities that are unfairly charging you for EFT, contact them and request the no cost version of the EFT transaction.

Virtual credit cards are also starting to be issued by some payers with up to a 5% fee imposed on the provider. The only way to avoid virtual credit cards is EFT enrollment.