

January 5, 2018

# Fast Facts Friday



## Highlights of the CMS Regulation Changes for 2018

CMS has made many changes to the regulations which went into effect January 1, 2018. Below are the changes that will need to be implemented in order to remain in compliance with CMS.

### Medicare Part B: (\*Do note Congressional action to repeal the Therapy Cap process is still pending)

- Therapy Cap will increase to \$2,010 for PT and SLP services combined and \$2,010 for OT services\*
- CAP Automatic Exceptions process has expired (\$3700 and KX modifiers, with Manual Medical Review of documentation)
- Our SMART system will continue to help us track the new cap amounts, \$2010 for PT/SLP combined and \$2010 for OT. We also know that most patients will not approach the caps within the first few weeks of the year which gives us time to work with our customers, and congress to take action to deal with the therapy cap, either through an extension of the current exceptions process or passing the proposed repeal legislation in both houses of congress. KEEP FOCUS ON THE PATIENT!!! We will keep you posted on legislative developments.
- See attached Article from APTA on topic :  
<http://www.apta.org/PTinMotion/News/2017/12/22/CongressRecessTherapyCap/>
- Medicare Part B deductible remains at \$183.00 for 2018

### Medical Review and Appeals:

- ALJ amount in controversy will remain at \$160.00
- Judicial Review will increase to \$1,600.00
- Targeted Probe and Education (TPE): CMS is moving away from its current practice of randomly selecting claims for audits in favor of a more targeted approach that it hopes will streamline the process and result in fewer appeals. The new program is called **Targeted Probe and Education (TPE)** and directs Medicare Administrative Contractors (MACs) to select claims for items or services that pose the greatest financial risk to the Medicare trust fund and/or those that have a high national error rate. MACs will focus only on providers/suppliers who have the highest claim error rates or billing practices that vary significantly from their peers through data analysis.

For more information access link below:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Targeted-Probe-and-EducateTPE.html>

### CPT Codes:

- **Deleted Codes:**
  - **97532** (Cognitive treatment)
  - **97762** (Checkout for orthotic/prosthetic use, established patient, each 15 minutes)
  - **29582** (Multi-Layer Compression System, Entire Leg)
  - **29583** (Multi-Layer Compression System, Upper Arm & Forearm)

## CPT Codes: - continued

### • New Codes:

- **97127** (Cognitive function intervention) replaces 97532 for **Non-Medicare Payers** (i.e. Medicaid, Medicare Advantage or private health insurance) \*Note this code will only be available in SMART as needed by specific payers. Use G0515 where you would have used 97532 unless otherwise instructed
- **G0515** (Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes replaces 97532 for **Medicare Payment**
- **97763:** (Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, **subsequent orthotic(s)/prosthetic(s) encounter**, each 15 minutes)

### • Revised Codes:

- **97760:** Revised the code descriptor by adding the term “initial encounter” (Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, **initial orthotic(s) encounter**, each 15 minutes)
- **97761:** Revised the code descriptor by adding the term “initial encounter” (Prosthetic(s) training, upper and/or lower extremity(ies), **initial prosthetic(s) encounter**, each 15 minutes)

## NCCI Edits:

- CPT code 97602: shall not be recorded with 97597 and 97598 for same wound
- CPT code 92507: shall not be recorded with G0515 and 97127
- CPT codes 97750, 97755, 97763: shall not be recorded with 97161-97164 or 97165-97168 when the two services are performed by a single practitioner or two practitioners of the same specialty however if the two services are performed by two different practitioners of different specialties, the two services maybe reported utilizing a modifier
- CPT code 97140: Use of modifier 59 with the column two CPT code 97530 is appropriate only if the two procedures are performed in distinctly different 15 minute intervals. The two codes cannot be reported together if performed during the same 15 minute time interval.
- An OT and PT may report only one evaluation/re-evaluation on a single date of service.
- The PT and OT re-evaluation services 97164 and 97168 *shall* not be routinely reported during a planned course of physical or occupational therapy. However, if the patient’s status should change and a re-evaluation is medically reasonable and necessary, it may be reported with modifier 59 appended to CPT code 97164 or 97168 as appropriate.
- The procedure coded as CPT code 97755 (assistive technology assessment...direct one-on-one contact with written report, each 15 minutes) is intended for use on severely impaired patients requiring adaptive technology. For example, a patient with the use of only one or no limbs might require the use of high level adaptive technology