

Highlights of the CMS Regulation Changes for 2019

CMS has made many changes to the regulations which went into effect January 1, 2019. Below are the changes that will need to be implemented in order to remain in compliance with CMS.

Functional Limitation Reporting requirements (i.e. G codes and severity modifiers):

- Discontinued for Medicare Part B, as of January 1, 2019: G codes are no longer required for Med B patients. Some other payors still require G codes to be submitted. Each facility should contact individual payors to determine if G codes will continue to be required. If a payor other than Med B is identified that no longer requires G codes, please email Karen Spencer to have the requirement inactivated.
- SMART Mobile will still alert that Med B G codes are required, if the facility is continuing to alert for other payors. These alerts should be ignored on the iPad and will not affect SMART desktop functionality or the therapist's ability to use the device in anyway.

Medicare Part B:

- For CY 2019, the KX modifier threshold amounts are as follows: (a) \$2,040 for PT and SLP services combined; and (b) \$2,040 for OT services.
- In addition, another provision of the Bipartisan Budget Act of 2018 (BBA of 2018) also maintains the targeted medical review process, but at a lower threshold than the \$3,700 amount established as part of the previous therapy caps exceptions process. For CY 2018 (and each successive calendar year until 2028, at which time it is indexed annually by the MEI), this now-termed Medical Review (MR) threshold amount is \$3,000 for PT and SLP services combined and \$3,000 for OT services.

January 1, 2019 NCCI Edits:

- CPT code 97140 (Manual therapy techniques, one or more regions, each 15 minutes) and CPT code 97530 (Therapeutic activities, direct patient contact, each 15 minutes): Use of modifier 59 with the column two CPT code 97530 of this NCCI PTP edit 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.
- CPT codes 97750 (physical performance test or measurement), 97755 (assistive technology assessment), and 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) are not separately reportable for the same date of service with a physical therapy evaluation/re-evaluation CPT code (e.g., 97161-97164) or occupational therapy evaluation/re-evaluation CPT code (e.g., 97165-97168) when the two services are performed by a single practitioner or two practitioners of the same specialty. If the two services are performed by two different practitioners of different specialties, the two services may be reported utilizing an NCCI-associated modifier. For example, if a physical therapist performs one service and an occupational therapist performs the other service, the two services may be reported separately. However, if a physical therapist performs one service and a different physical therapist performs the other service, the two services are not separately reportable.