

# **Committee Chair: Tyler Burcham (2022)**

## **Committee Members: Marleigh Lybeck, Collin Kudrna**

1. Reimbursement in Review

One thing that is constant in the world of insurance reimbursement is change. The reimbursement committee is planning on giving some quarterly insights to changes that occur in the world of physical therapy quarterly to the membership.

Below are some highlights of things to be aware of as we move into 2021.

* 3.6% payment cut for physical therapist services under the Medicare Physician Fee Schedule that’s set to go into effect Jan. 1
* The 2021 annual therapy threshold is $2,110.00 for physical therapy and speech-language pathology services combined.
* The 2021 targeted medical review threshold remains $3,000 for physical and speech therapy services combined.
  + Services provided above $3,000 still require the KX modifier.
* CMS will continue to allow MIPS-eligible clinicians to participate in MIPS as individuals, in groups, or in virtual groups.
  + Scores earned in 2021 will affect the 2023 payment year.
* Once the PHE officially ends, PTs, PTAs, OTs, OTAs, and SLPs will no longer be able to seek reimbursement from Medicare for outpatient therapy delivered via telehealth. Rehab therapists are not statutorily authorized providers of telehealth services.
* CMS has lifted many of our most common code pairing restrictions in 2021. This means modifiers are no longer needed for certain pairings.
  + A common example: 97530 and 97116.
  + Stay tuned as we monitor to ensure that we know how each payer has responded to this change
* CMS clarified that therapy students can document in the medical record—so long as the billing therapist reviews and verifies (i.e., signs and dates) the documentation.

**Submitted by**: Tyler Burcham