

2016 Coding/Billing Change

The following information may or may not be appropriate to your clinical setting. Please review the information and determine the appropriateness of the content prior to sharing with your staff.

Eligible for LMS Credit: Yes

Each new- year typically brings new regulations and changes/revisions to our current reimbursement systems. With the implementation of ICD-10 last year, it feels like we've had enough change for several years! The good news for 2016 is that there are **no CPT code changes, additions or revisions to Speech Pathology, Occupational or Physical Therapy.**

The Medicare Part B therapy cap amount for 2016 has been increased. The threshold however, has remained the same as previous years. Remember, all services need to have clear documentation that the services are skilled in nature, require the expertise of a therapist and are reasonable and necessary to patient improvement. The KX modifier must be appended for any claims exceeding the cap amount.

	2015 Cap	2015 Threshold	2016 Cap	2016 Threshold
Physical Therapy & Speech Pathology combined	\$1940	\$3700	\$1960	\$3700
Occupational Therapy	\$1940	\$3700	\$1960	\$3700

The Medicare definition of reasonable and necessary is as follows: "health-care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms that meet accepted standards of medicine". Also of note CMS did not update the automatic exception process that listed ICD-9 codes that met automatic exceptions when reaching the Cap to reflect new ICD-10 codes. Clinicians need to verify that services are reasonable and medically necessary.

Services are reasonable and necessary when:

1. Rehab services are directly related to an active written treatment plan established by the MD/NPP in consultation with the PT, OT, and SLP and are reasonable and necessary to the treatment of the patient's illness or injury.
2. The complexity of the service must be performed safely and effectively only by or under the supervision of a qualified, skilled therapist.
3. Services are skilled when evaluation and management of the patient's care plan based on MD/NPP orders requires the involvement of PT, OT, and SLP to meet the patient's medical needs, promote recovery and ensure medical safety.
4. Condition of the patient will improve in a predictable time period or therapy is necessary for establishing a safe and effective maintenance program inclusive of individualized recommendation and approaches.
5. Ongoing assessment is required to meet the patient's needs and potential.
6. A service that is ordinarily considered non-skilled may be considered skilled in cases where, because of special medical complications, skilled rehab personnel are required to perform or supervise the intervention or observe the patient.
7. Observation and assessment to identify, evaluate, modify treatment or initiate additional medical procedures until the patient is stabilized.
8. Education and training activities to manage treatment regime and increase carryover after discharge from rehab services.