

2019 Medicare Changes for Physical Therapy

February 07, 2019

Functional Limitation Reporting Discontinued as of 01 Jan' 2019.

- 1. The functional limitation reporting (FLR) program is discontinued as of January 1, 2019.
- 2. Dates of services billed before Jan 1, 2019 will need the reporting codes.

2019 Therapy Threshold Amount

For 2019, the threshold amount for using the KX modifier,

- ⇒ \$2,040 for PT and SLP services combined, and
- \Rightarrow \$2,040 for OT services.

Evaluation and Reevaluation Codes

- ⇒ Medicare is maintaining a single payment rate for all of the 3 tiered evaluation codes that were implemented in 2017
- ⇒ Medicare will continue to collect utilization data before considering any changes.
- ⇒ This means it's imperative that PTs continue to document the medical necessity of their evaluations and accurately choose the appropriate codes.

PTA Payment Differential Modifier



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Therapy Assistant Modifiers

- ⇒ CMS finalized its proposal to establish 2 new modifiers to identify services provided by physical therapist assistants (PTAs) and occupational therapy assistants (OTAs).
- ⇒ Effective Jan 1, 2020, all claims of PT and OT services must include CQ Modifier and CO Modifier respectively for services furnished in whole or in part by a PTA or OTA.

These new modifiers are be appended on the same line of service as the respective PT, OT, or SLP therapy modifiers (GP, GO, GN):

- ⇒ **CQ Modifier:** Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
- ⇒ **CO Modifier:** Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant

The 3 therapy modifiers, GP, GO and GN will continue in effect, unchanged.

Definition of Services Furnished "In Part"

- ⇒ CMS revised its proposed definition of a service that is furnished in whole or in part by a PTA or OTA.
- ⇒ CMS defined a de minimis standard for "in whole or in part" as more than 10% of the service being furnished by the PTA or OTA.