

rkl Medical Billing UPDATE >



2022 Medicare Deductibles, Co-Insurance and KX Modifier Thresholds

Effective January 1, 2022, the Medicare Part A co-insurance increased to \$194.50/day for Skilled Nursing days 21-100; the Medicare Part B deductible increased to \$233.00; and the KX modifier threshold increased to \$2,150 for OT and \$2,150 for PT/SLP combined. Medicare is continuing with the Medical Review threshold for therapy provided over the KX modifier threshold. The Medical Review threshold amount is \$3,000 for OT and \$3,000 for PT/SLP combined and will continue until CY 2028. Click [here](#) for more information about the new 2022 rates. Use [this link](#) to read more about the updated threshold amounts.

Reimbursement Reduction to Therapy Services Performed by Assistant

Effective for dates of service on or after January 1, 2022, CMS will begin reducing reimbursement for therapy performed by physical therapy assistants (PTAs) and occupational therapy assistants (OTAs). The reduced payment will be made at 85% of the applicable Medicare Part B reimbursement amount. This 15% reduction will be applied to the 80% of allowed charges that Medicare Part B currently reimburses, and will not be a reduction to the 20% beneficiary co-insurance.

In addition to the reimbursement changes, CMS is also requiring the therapy performed by a PTA or OTA to be billed with new modifiers:

- **CQ: Physical therapy services provided in whole or in part by a PTA**
- **CO: Occupational therapy services provided in whole or in part by an OTA**

It is imperative that your billing system is updated prior to billing January 2022 therapy services to appropriately bill with these modifiers and appropriately reduce the reimbursement to the charges. Read more about the PTA and OTA changes [here](#).

Providers who may need assistance in making these changes to their system are encouraged to reach out to [Stefanie Knaub](#), Partner, or [Angela Briggs](#), Manager, for assistance.

Medicare 2 Percent Sequestration Suspension Extended to March 31, 2022

Congress previously suspended the Medicare 2 percent sequestration as a part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. That was effective on May 1, 2020 and was set to expire on December 31, 2020. Congress then passed the Act to Prevent Across-the-Board Direct Spending Cuts on April 14, 2021 and signed into law the suspension of the 2 percent sequestration through December 31, 2021. There has been an extension to this suspension to March 31, 2022. CMS will then phase the sequestration back in with a 1 percent sequestration April 1 – June 30, 2022 and the full 2 percent sequestration to begin July 1, 2022. The CMS MLN with this announcement can be read [here](#).

Health and Human Services to Provide 60-Day Notice to End Public Health Emergency

On December 17, 2021, Health and Human Services (HHS) announced their pledge to provide a 60-day notice prior to ending the COVID-19 Public Health Emergency.

Effective January 17, 2022, the Public Health Emergency related to COVID-19 was extended another 90 days with a new expiration date of April 16, 2022. The extension of the Public Health Emergency also extends the Qualifying Hospital Stay

waiver and the 100-day benefit period waiver for another 90 days. The declaration of the extension can be found [here](#).

Novitas Solutions: New Electronic Data Interchange Gateway

Novitas Solutions is in the process of updating their secure file transfer protocol with a new Electronic Data Interchange (EDI) gateway. Providers in Jurisdiction H (JH) and Jurisdiction L (JL) who connect through Network Service Vendor will be impacted by this change. The migration is expected to be completed by January 28, 2022. Providers are encouraged to complete the necessary steps to migrate to the new EDI gateway, by following the instructions [here](#).

Aetna Medicare Announces Changes to Member ID Numbers

Beginning on January 1, 2022, Aetna Medicare Advantage plan members will no longer have ID numbers that begin with the ME prefix. The new Aetna Medicare Advantage ID numbers will begin with 10 It is recommended to check your patient's eligibility and benefits and update their ID numbers prior to billing January services to ensure claims are not denied or delayed in reimbursement due to this change. Read Aetna's announcement [here](#).

Questions about these updates? Need support to meet requirements?

Contact [Stefanie Knaub](#), RKL Senior Living Services Partner, at 717.590.8648.

RKL LLP, 1800 Fruitville Pike, Lancaster, PA 17601

[Unsubscribe](#) [Manage preferences](#)

