

How Recent Legislation Will Affect Your Care at Pinecone Physio

If you have been following the news recently, you are likely already aware that Congress failed to stop a Medicare pay cut within the federal budget deal signed on Saturday, March 9, 2024. There was a 3.37% average physician pay cut (varied by specialty) that took effect January 1, 2024, and has been threatening Medicare patients' access to high quality care. The legislation signed on March 9, 2024, mitigated these Medicare pay cuts by an extremely marginal amount.

Learn more: <https://www.ama-assn.org/practice-management/medicare-medicaid/latest-medicare-physician-pay-cut-shows-desperate-need>

The 2024 Medicare payment changes vary by specialty, with primary care and behavioral health professionals seeing a net increase in payments, but professionals in physical therapy, occupational therapy, radiology, and certain surgical specialties seeing the largest cuts. Unfortunately, we are seeing a Medicare payment cut ranging from 5-20% at Pinecone Physio for billing codes we utilize, including the therapeutic activities we provide involving direct one-on-one patient care. In addition to these cuts, the "Multiple Procedure Payment Reduction" (MPPR) reduces payment even further for therapy services that are longer than 15 minutes. In the recent federal budget deal, Congress failed to stop the Medicare cuts that directly affect care at Pinecone Physio. With these cuts in place, Medicare currently reimburses Pinecone Physio approximately \$35 for fifteen-minute treatment appointments, and only \$110 for one-hour treatment appointments of one-on-one patient care with a Doctor of Physical Therapy. Commercial insurance programs, such as Aetna, have decided to follow a similar payment schedule.

The American Medical Association has opposed these payment cuts and rightfully expressed concerns that loss of revenue could force physicians to opt out of the Medicare program, leading to access problems for Medicare beneficiaries. The President of the American Medical Association, Jesse M. Ehrenfeld, MD, MPH, stated, "Physicians are the only providers who do not receive automatic inflation updates to their Medicare payments, and they are the only group experiencing a payment cut this year despite high inflation. Adjusted for inflation in practice costs, Medicare physician pay declined 30 percent from 2001."

We wish to provide advanced, high quality, effective, unique, convenient care at Pinecone Physio, with treatment recommendations made by highly trained medical professionals opposed to treatment limitations dictated by federal and commercial health insurance companies.

Based on this, the following changes will go into effect at Pinecone Physio:

Pinecone Physio will continue to be an authorized participating provider for TRICARE beneficiaries. We are happy to accept new patients utilizing TRICARE benefits for reimbursement and thank you for your service to our country.

As of the current date, Pinecone Physio will continue to be a participating provider for Medicare, but is **unable to accept new plans of care for patients utilizing Medicare for reimbursement of in-person appointments** for medically necessary services. Currently scheduled patients utilizing Medicare are welcome to continue treatment at Pinecone Physio through their current plan of care. After your plan of care, we can discuss referrals, if necessary, and additional wellness options. We will accept new and existing patients with Medicare as self-pay patients for in-person wellness

services not covered by Medicare, such as overall physical health, prevention, mobility, sports performance, and alternative pain management techniques.

We will continue to accept new plans of care for Medicare patients hoping to have a therapy program created, which they can then follow at home. The initial evaluation will be in person (when medically necessary), then the patient will receive education on how to utilize a user-friendly therapy app that allows the patient and doctor to directly interact, chat, ask questions, and describe how the program is progressing. This is known as remote therapeutic monitoring, is currently covered by Medicare, and each program will usually include 8 to 16 weeks of therapy progressions to help the patient achieve their therapy goals.

As of June 30th, 2024, Pinecone Physio will no longer participate as a network provider for Aetna, Aetna Medicare Advantage, Aetna Signature Administrators, Meritain Health, and affiliated Aetna insurance programs. This means **Pinecone Physio will be considered an out-of-network provider for ALL commercial health insurance plans and Medicare Advantage plans available in Northern Nevada.**

The term "out-of-network" refers to health care providers who do not participate in an insurance company's rules and regulations. This does not mean these providers are not covered by your health insurance. Most insurance plans provide out-of-network benefits, but the provider is not bound by the insurance company's rules and regulations.

Our practice will accept new and existing patients with all types of insurance plans as an out-of-network provider. We can help you verify your out-of-network benefits, help you understand your out-of-pocket costs, and provide you with a superbill, upon request, if you plan to seek reimbursement from your insurance plan.

The term "in-network" refers to health care providers who are a part of an insurance plan's network of providers. Usually, the insurance plan has negotiated a discount with these providers. This means providers who are in-network provide services at a lower cost to the insurance company. While this is very effective at controlling the cost of care, it can come with consequences to the patient such as difficulty finding an available appointment, shorter appointment times, and the doctor managing higher patient volumes.

It comes down to quality over quantity. Quality care is what will get you better, faster. As an out-of-network provider with most insurances, we are choosing to see fewer patients in a day to ensure an extremely high level of attention and care for each patient. Going out of network with insurance companies allows us to have more one-on-one time with our patients, resulting in you reaching your goals faster. Insurance companies don't look at patient care the same way we do. This leads to a "patient mill" style of physical therapy that doesn't help patients or our healthcare system and undermines how we want to treat patients. We take pride in doing what's right for our patients instead of what's right for a large corporation or insurance company.

PLANNING FOR THE COST OF CARE AS A SELF-PAY PATIENT:

Prices for evaluations and treatments of physiotherapy, wellness, sports, and golf rehab:

Pinecone Physio evaluations are extremely thorough and typically last 75 to 90 minutes. This allows us to look at multiple regions of your body, delve deeper into a longer history of your symptoms, and more complex issues. For someone using insurance, the typical codes/charges would be (1EV, 1TE, 1MT, 1 TA, 1 NMR) at a cost of \$420.

***If self-pay, then apply a 43% self-pay discount = \$240

The majority of patients will need follow-up visits, typically 4-10 depending on the condition being treated. Follow up appointments can vary from 15 minutes to 1 hour depending on your needs and budget. The rates for self-pay are discounted as follows:

- 15 min: \$60
- 30 min: \$120
- 45 min: \$180
- 1 hour: \$240
- 75 min: \$300
- 90 min: \$360

Follow-up appointments include physiotherapy, wellness, sports rehab, golf rehab, cupping, Graston® Technique, Active Release Technique®, blood flow restriction therapy, and kinesiotape.

Add-on treatments, with an additional fee, include point of care ultrasound imaging, percutaneous needling tenotomy (PNT), functional dry needling, class IV laser therapy, extracorporeal shockwave therapy (ESWT), red light therapy, Vielight therapy, and non-surgical spinal decompression.

Assuming you book 30-minute follow-ups (for an episode of care with 4-10 visits) this translates into a cost range of \$480 to \$1200. Please note this is in addition to the cost of the required initial evaluation and any add-on treatments. This results in a very low cost compared to advanced imaging, surgery, or injections.

Prices for add-on treatments that are not covered by insurance:

Please note the prices below are in addition to the cost of the required initial evaluation, follow-up appointments, and any time for additional treatments. The rates for self-pay are discounted as follows:

- Functional Dry Needling with or without Electrical Stimulation: 3 or more muscles: \$60
- Class IV Laser Therapy: \$60 each or 5 treatments for \$270
- Extracorporeal Shock Wave Therapy (ESWT) Involving the Musculoskeletal System: \$60 each or 5 treatments for \$270
- Red Light Therapy: \$39 each or monthly membership options listed at pineconephysio.com

- Vielight Therapy: \$39 each or monthly membership options listed at pineconephysio.com
- Non Surgical Spinal Decompression: \$60 each or package options listed at pineconephysio.com
- Point of Care Ultrasound Imaging: \$140 for each limited area within a joint or extremity.
- Ultrasound Guided Percutaneous Needling Tenotomy (PNT): Varies based on area with an average cost of \$240. Please contact our office.

Additional Considerations

Pinecone Physio is dedicated to the Northern Nevada community and the breathtaking environment surrounding us. Special pricing and discounts are provided for several organizations, professions, volunteers, environmental programs, and community heroes. Ask our owner or staff for additional details. Discounts are only applied for self-pay patients.

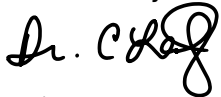
Methods of payment can vary and include cash, check, personal credit cards, healthcare savings account (HSA), or flexible spending account (FSA).

If you are having difficulty affording to pay amounts as frequently as you need care, simply ask to speak to our owner about community discounts, payment plans, or a sliding scale based on need. Your health is our number-one priority. As such, we are happy to arrange a payment plan for a mutually agreed upon monthly amount which can be set up with a card on file. That way, you can pay for your care over a timeframe that works for you, and you can receive the care you need to get back to doing what you love.

As a member of this community, we are deeply committed to the health of the community and regret the way health insurance has intruded into our relationship. We hope we can continue to be of service to you.

Sincerely,

Pinecone Physio Staff



Cori Lentz, PT, DPT, CSCS



Marisol Martinez, Administrative Specialist

Learn more:

What doctors wish patients knew about Medicare physician payment: <https://www.ama-assn.org/practice-management/medicare-medicaid/what-doctors-wish-patients-knew-about-medicare-physician>

AMA: Patients, physicians continue to endure Medicare cuts: <https://www.ama-assn.org/press-center/press-releases/ama-patients-physicians-continue-endure-medicare-cuts>

Physical Therapy for Prevention and Health Promotion

Medicare only pays for what it determines as medically necessary covered benefits. Although these are **prevention and health promotion** physical therapy services, **Medicare does not consider the following physical therapy services medically necessary:**

Annual PT visit as recommended by the American Physical Therapy Association (APTA) to:

- Screen for movement impairments
- Optimize movement
- Promote health, wellness, and fitness
- Slow progression of impairments of body functions and structures
- Reduce activity limitations and participation restrictions

Therapy services for the:

- General good of patients
- General welfare of patients

Therapy services to promote:

- Overall fitness
- Flexibility
- Improvements in recreational activities
- Optimal functional capacity
- Minimizing risk of impairments and functional limitations

Therapy services involved in:

- Prevention
- Promoting health
- Wellness
- Fitness

Medicare Benefits Policy Manual

Section 220.2 - Reasonable and Necessary Outpatient Rehabilitation Therapy Services (Rev. 255, Issued: 01-25-19, Effective: 01-01-19, Implementation: 02-26-19)

Services that do not meet the requirements for covered therapy services in Medicare manuals are not payable using codes and descriptions as therapy services. For example, services related to activities for the general good and welfare of patients, e.g., general exercises to promote overall fitness and flexibility and activities to provide diversion or general motivation, do not constitute therapy services for Medicare purposes.

How Do Insurance Plans Define “Medically Necessary?”

Please note this is how “medically necessary” physical therapy is typically defined by insurance plans, not medical professionals.

Most insurance plans have narrowed the definition of “medically necessary” physical therapy to only include and be covered by insurance when patients need improvement in activities of daily living (ADLs). **This involves activities such as: bathing, communication, dressing, feeding, grooming, personal hygiene, self-maintenance, skin management, and toileting.**

Treatments and therapies that are intended to specifically improve activities beyond this, or what are known as Instrumental Activities of Daily Living (IADL), are **not covered** by most insurance plans. These include activities such as: leisure activities, hobbies, sports, recreation of all types even if suggested as part of a physical therapy treatment plan, community living skills, home management skills, meal preparation, laundry, use of public transportation, motor vehicle driving evaluations and skills needed for driving - this includes automobiles, trucks, motorcycles and bicycles; or personal safety preparedness.

This is even true if your Doctor of Physical Therapy and Medical Doctor both agree these activities will be helpful for your overall health, you have a referral for physical therapy, and if your Doctor of Physical Therapy has suggested these activities as part of your physical therapy treatment plan.

Doctors of Physical Therapy are experts in rehabilitation and habilitation, with the expertise to improve your overall health and avoid preventable health conditions. Although prevention and health promotion therapy are not considered "medically necessary" by most insurance plans, you may self-pay for physical therapy services beyond what most insurance plans define as "medically necessary" to improve your quality of life.

For more information you may reference your specific health insurance benefits policy.