



9/4/2020

Seema Verma, MPH
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
CMS-1734-P
Room 445-G
Hubert Humphrey Building
200 Independence Ave, S.W.
Washington, DC 20201

Dear Administrator Verma:

On behalf of the Michigan Chapter of the American Physical Therapy Association (APTA Michigan), I appreciate the opportunity to provide comments to CMS in response to the 2021 Physician Fee Schedule proposed rule.

Halt Implementation of 9% Cut to Physical Therapy Providers

We strongly oppose CMS' significant payment reductions for physical therapy services. If the 9% cut is implemented, physical therapy providers, many of whom are small business owners, will become insolvent and therefore unavailable to treat Medicare beneficiaries, including Medicare Advantage enrollees. The result of this proposal will be massive unemployment; the shuttering of many small business (including in rural communities); delivery of unskilled care; significant declines in beneficiaries' quality of life; and increased morbidity and mortality – all of which lead to greater costs and burdens on the already taxed health care system. The ripple effect that this decision will have across the provider community is monumental.

The unanticipated Public Health Emergency declared in 2020 and the subsequent sharp decline in patient visits combined with incredible economic challenges have added significantly to concerns of whether or not providers will be able to afford to keep running their clinics, rehabilitation agencies, home health agencies, nursing homes, and hospital outpatient departments. Furthermore, it is clear that the recovery and restoration to full patient utilization will be drawn out. Looking longer term, the inevitable issues of access to care, rising debt, and shrinking reimbursement will provide the perfect storm for discouraging the next generation of individuals from choosing to enter the physical therapy profession at all. Shortages of physical therapists will only become more problematic as baby boomers (both patients and retiring providers) are of Medicare age while more individuals are seeking access to effective nonpharmacological services.

While we appreciate that CMS has proposed to increase the work relative value units of the physical therapy evaluation and re-evaluation codes, it is not enough to offset the damage that will be caused by this across-the-board cut due to the application of the budget neutrality adjustment to the conversion factor. The 9% cut, if finalized, will cause a serious financial strain on outpatient physical therapy providers. These cuts will only create more harm to the health care system that is working tirelessly to fight the pandemic.

Therefore, APTA Michigan strongly recommends that CMS immediately halt implementation of the 9% reduction to physical therapy services.



Include Physical Therapy Codes in List of Covered Telehealth Services

We strongly recommend that CMS include in the list of covered telehealth services the following CPT codes: 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, and 97530 and 97763. The expansion of telehealth payment and practice policies to allow physical therapists in private practice and facility-based physical therapy providers during this public health emergency has demonstrated that many needs can be effectively met via the use of technology and that patients can have improved access to skilled care by leveraging these resources. Adding these CPT codes to the list of covered telehealth services will better ensure a seamless transition when additional practitioners, such as physical therapists, become eligible to furnish and bill for telehealth services under Medicare.

Moreover, adding these CPT codes, even on a temporary basis, will allow therapists who work “incident to” physicians to continue to furnish telehealth services when appropriate, therefore ensuring continued access and improving beneficiaries’ satisfaction after the PHE ends.

Finalize the Proposal to Permanently Allow Physical Therapists to Furnish and Bill Communication Technology-Based Services

We strongly support CMS’ proposal to permanently allow physical therapists to furnish and bill e-visits, remote assessment of recorded video and/or images submitted by an established patient, and brief communication technology-based service, e.g., virtual check-in. However, we recommend that CMS clarify in final rulemaking that facility-based therapy providers, who have been identified as eligible to furnish and bill these communication technology-based services during the PHE, also are recognized as eligible to furnish and bill these codes on a permanent basis.

Recognize Physical Therapists as Eligible to Furnish and Bill Remote Physiologic Monitoring Services

APTA Michigan respectfully disagrees with CMS’ interpretation that CPT codes 99453, 99454, 99091, 99457, and 99458 can only be furnished and billed by physicians or practitioners who are eligible to bill Medicare for E/M services. Physical therapists are recognized by the American Medical Association as qualified health care professionals and the CPT codes at issue are not restricted to use solely by physicians and others who may bill E/M services.

Physical therapists use remote monitoring technology in treatment to shorten healing times, reduce risk for adverse events, promote patient self-efficacy, improve comfort and quality of life, and increase the overall quality and options of care available. Physical therapists use accelerometers and devices that collect physiologic functions both in real time (in person and remotely) and recorded. They commonly collect data that includes change in upper or lower extremity position, or displacement, that occurs over a given time period, heart rate, blood pressure, pulse, and respiration. This provides a greater understanding of performance of and response to physical activity as well as information to better gauge their home exercise program and determine the need for advancing or revising programs. Physical therapists also use accelerometry to collect data that indicates when a patient may be experiencing balance and or postural changes that may be indications of increased falls risk.

Physical therapists are recognized as QHPs by AMA; the definition of QHP supports the interpretation that physical therapists are QHPs; and the remote physiologic monitoring codes are not E/M services. Therefore, CMS must revise its interpretation in final rulemaking to recognize that CPT codes 99453, 99454, 99091, 99457, and 99458 may be billed by QHPs, such as physical therapists, who meet all statutory requirements, and that the billing of these codes is not limited solely to health care professionals who can bill Medicare for E/M services.



Finalize the Proposal to Allow Physical Therapist Assistants to Furnish Maintenance Therapy Across Outpatient Settings

We strongly support CMS' proposal to allow physical therapist assistants to furnish maintenance therapy under Part B. I urge the agency to finalize this proposal in final rulemaking.

Conclusion

Thank you for the opportunity to comment on the CY 2021 PFS proposed rule. Members of APTA Michigan stand ready to work with CMS to identify a solution that will safeguard the financial health of the Medicare program while ensuring that beneficiaries have adequate access to high-quality physical therapy services in the future.

Thank you for your consideration.

Respectfully submitted,

A handwritten signature in black ink that reads "Michael Shoemaker". The signature is written in a cursive style with a prominent initial "M".

Michael J. Shoemaker, PT, DPT, PhD
President
APTA Michigan