

Please Stop Devastating Medicare Cuts



The American Physical Therapy Association (APTA) strongly urges Congress to waive the budget neutrality requirements for the finalized evaluation and management (E/M) code proposal slated for implementation on January 1, 2021.

In the 2021 proposed Medicare Physician Fee Schedule, the Centers for Medicare & Medicaid Services included deep cuts, effective January 1, 2021, to more than three dozen health care providers in order to increase payment for E/M codes utilized by primary care health professionals. We have no issue with CMS' efforts increase payment for primary care physicians. However, we do not support reducing payment to physical therapists, who have been subject to multiple payment reductions since 2011, and 36 other different provider specialties – the majority of whom are **not** eligible to bill Medicare for CPT E/M codes – to subsidize the increase. Physical therapy is slated for a 9% cut. **This 9% cut, on top of the current economic crisis, is unsustainable for the PT profession.** These cuts are not only devastating for business but will also impact patient access to care. Without intervention by Congress, these cuts will go into effect on January 1, 2021.

Unified Concern

More than 53 health care provider organizations, including the American Medical Association, representing a broad range of health care providers are advocating for a suspension of these cuts. To do so requires Congress to enact legislation that would waive the budget-neutrality requirements related to the proposed E/M code payment adjustments. This would allow the increases for primary care to go forward without having to make deep cuts to other providers to pay for the increases.

Impact of COVID-19

The impact of the COVID-19 pandemic on patient access and therapy clinics has been swift and will have negative repercussions for years to come. Therapists, clinics, and rehabilitation facilities are struggling to stay open, particularly in rural and underserved areas. During the pandemic the economic toll and strain on the American health system has been felt across all health care sectors. Now is not the time to implement the proposed Medicare cuts that will exacerbate the financial instability of healthcare providers' small businesses and practices in the years.

Recommendation

Since CMS did not reconsider its policy in the recently released 2021 Medicare Physician Fee Schedule proposed rule, I ask that, in any upcoming and relevant legislation moving through Congress, you support legislation to waive budget neutrality for the E/M codes scheduled for implementation on January 1, 2021. Doing so will prevent drastic Medicare cuts to numerous health care providers, including physical therapists, that would negatively impact access to care and patients who are recovering from COVID.

Last Updated: 08/05/2020
Contact: advocacy@apta.org



APTA Telehealth Priorities

The American Physical Therapy Association urges Congress to enact a permanent policy for telehealth services delivered by physical therapists to be reimbursed by Medicare.

The coronavirus pandemic has highlighted a need for health systems, payers, and providers to rapidly adopt or expand models and modes of care delivery that minimize disruptions in care and the risks associated with those disruptions. Congress, the Department of Health and Human Services, and the Centers for Medicare and Medicaid Services have taken action to afford flexibilities to health care providers and patients, including expanding the eligibility of physical therapists and physical therapist assistants for furnishing and billing for telehealth and communication technology-based services under Medicare. The expansion of telehealth payment and practice policies during this public health emergency has demonstrated that many patients can receive appropriate care, including physical therapy, via telehealth and limit their risk of exposure to the coronavirus. Providers who needed to rapidly deploy telehealth services in less than ideal situations were still able to support patients and positively impact outcomes. Maintaining these options and resources beyond the current pandemic will ensure continuity of care, and assist in improving the safety of patients, especially older adults.

The pandemic has demonstrated that for patients who have difficulty leaving their homes without assistance, lack transportation, are at high risk for serious health outcomes should they get sick from COVID-19, or would need to travel long distances, the ability to supplement or replace in-person sessions with those furnished via telehealth greatly reduces the burden on the patient and family when accessing care. Physical therapist interventions delivered through an electronic or digital medium have the potential to prevent falls, functional decline, costly emergency room visits, and hospital admissions and readmissions. Telehealth helps to overcome access barriers caused by distance, lack of availability of specialists and/or subspecialists, and impaired mobility; it also can prevent unnecessary exposure during a pandemic, epidemic, or even the annual flu season, especially for people who are frail or immunocompromised.

Examples of the physical therapy services delivered via telehealth technologies include, but are not limited to, the following:

- Physical therapists use telehealth technologies to conduct evaluations or provide quicker screening, assessment, and referrals that improve care coordination.
- Physical therapists and physical therapist assistants provide interventions using telehealth by observing how patients move and perform exercises and activities. They can then provide verbal and visual instructions and cues to modify how patients perform various activities. They also may change the environment to encourage more optimal outcomes.
- Physical therapists use telehealth technologies to conduct home safety evaluations.
- Physical therapists and physical therapist assistants use telehealth technologies to observe how patients interact with their environment and/or with other caregivers, and provide caregiver education.
- Physical therapists provide consultative services by working with other physical therapists, physical therapist assistants, and health care providers to share expertise in specific movement-related activities to optimize the patient's participation.
- Physical therapists and physical therapist assistants use telehealth for quick check-ins with established patients.

APTA strongly encourages Congress to amend the Social Security Act to enact a permanent policy for telehealth services delivered by physical therapists to be reimbursed by Medicare.

APTA supports continued patient access to physical therapy services delivered via telehealth under the Medicare program for older Americans, regardless of practice setting. To ensure that Medicare beneficiaries and their providers continue to have flexibility in the delivery of care, both during and beyond the current COVID-19 pandemic, APTA strongly encourages Congress to enact a permanent policy for telehealth services delivered by physical therapists to be reimbursed by Medicare. In addition, Congress should make permanent the flexibilities associated with the originating site geography, authorized originating site, and audiovisual technology to allow all Medicare beneficiaries to receive telehealth physical therapy services from their home, whether that home is in the community or part of an institutional setting.

To achieve this we specifically recommend that Congress:

- Enact changes to Section 1834(m)(4)(E) of the Social Security Act to include outpatient therapy services furnished “by a provider of services, a clinic, rehabilitation agency, or a public health agency, or by others under an arrangement with, and under the supervision of, such provider, clinic, rehabilitation agency, or public health agency to an individual as an outpatient” and physical therapy, occupational therapy, speech-language pathology, and audiology services “furnished an individual by a ... therapist (in his office or in such individual's home).” As defined in Sections 1861(p), 1861(g), and 1861(l) of the Social Security Act. Such a comprehensive definition of an outpatient therapy provider for the purposes of furnishing Medicare telehealth services would be consistent with existing subregulatory policy defining a “Qualified Professional” permitted to furnish Medicare outpatient therapy services in Chapter 15, Section 220, of the Medicare Benefit Policy Manual.
- Enact changes to Section 1834(m)(4)(C)(i) of the Social Security Act so that telehealth services, including physical therapy services, will no longer be restricted by geographic location.

Last Updated: 07/07/20

Contact: advocacy@apta.org