

Private Practice Physical Therapists

Small business professionals restoring function to America - one patient at a time.

SUPPORT COMMUNITY-BASED ACCESS TO PHYSICAL THERAPY

RECOMMENDATION: PPS urges Congress to pass the *Outpatient Therapy Modernization and Stabilization Act (H.R. 7154)* which provides a three-prong approach to ensure that patients who rely on physical therapist services would continue to receive care in order to manage their chronic and acute pain.

PREVENT STEEP CUTS TO PHYSICAL THERAPY IN 2021

CMS plans to cut physical therapy reimbursement by an estimated 9% in 2021. Enactment of Section 2 of this legislation would prevent these significant payment cuts to physical therapists and other Medicare-enrolled providers by providing a one-time exemption from the mandated CMS Medicare Physician Fee Schedule (MPFS) RVU budget neutrality rules. This one-time exemption would allow the increase in E/M code RVUs to go into effect on January 1, 2021 without requiring CMS to implement redistributive negative adjustments to 34 provider specialties to offset the increases.

PROVIDE A SMALL POSITIVE PAYMENT ADJUSTMENT

Section 2 also includes an adjustment to the statutory MPFS conversion factor. This legislation would require a conversion factor increase of 1 percent for CY 2021 and a 0.5 percent increase each year for CY 2022 and CY 2023. This small boost in payment through 2023 would help health care providers recover from the economic losses attributed to the public health emergency. Without this intervention, there is no scheduled increase the fee schedule conversion factor until 2026.

PERMANENT COVERAGE OF TELEHEALTH

Section 4 seeks to amend federal statute to permanently allow PTs, OTs, SLP professionals, and facilities which provide outpatient therapy to bill Medicare for outpatient therapy services furnished via telehealth. During the COVID-19 public health emergency (PHE), physical therapists in private practice and outpatient therapy providers that bill on an institutional claim form are among those providers which have been recognized as eligible to furnish and bill for telehealth services furnished to Medicare Part B beneficiaries. This temporary coverage is authorized by Section 3703 of the CARES Act in which Congress granted CMS the authority under Section 1135 of the Social Security Act to waive—for the duration of the PHE—statutory restrictions which block coverage for telehealth. However, in order for private practice physical therapists to continue to fully serve their communities and bill Medicare for outpatient therapy services furnished via telehealth on a permanent basis, Congress must enact legislation to allow Medicare beneficiaries to continue their access to much-needed physical therapy care via telehealth, in addition to traditional in-person care.

REDUCE ADMINISTRATIVE BURDEN

Section 5 aims to reduce the administrative burden placed upon providers by clarifying that either a signed physician order or a certified plan of care, *but not both*, is required for Medicare-covered outpatient therapy services. Currently, therapists who treat Medicare beneficiaries must also obtain certification of the patient's plan of care within 30 days of the first date of treatment, even if an order is present in the medical record. The need for a single form of documentation will allow physical therapists to focus on patient care instead of duplicative administrative duties.

PPS believes that the *Outpatient Therapy Modernization and Stabilization Act (H.R. 7154)* will preserve and improve access to critical physical therapy care by preventing cuts to reimbursement, permanently extending Medicare coverage of telehealth to physical therapists, and reducing administrative burdens. To cosponsor H.R.7154, please contact John McCarthy (John.McCarthy@mail.house.gov) in Rep. Brendan Boyle's office.