



## **APTA Position on MPPR**

APTA has opposed the MPPR policy since CMS started applying it to "always therapy" services in 2011. The association continues to assert that it is a flawed policy, because the practice expense values for the Current Procedural Terminology (CPT) codes under the physical medicine subset already have been reduced to avoid duplication during the valuation process. Certain efficiencies occur when multiple therapy services are provided in a single session and were explicitly considered when relative values were established for these codes. MPPR makes payment arbitrary by setting it apart from CPT and restricts patient access to vital physical therapy services.

By implementing MPPR, private payers are incorrectly assuming that duplicate clinical labor and supplies are included in the practice expense RVUs when multiple services (two or more) are furnished to a patient in a single session. This basic assumption is incorrect because the practice expense values for the codes reported by therapists were already reduced during the American Medical Association (AMA) Relative Value Scale Update Committee (RUC) process to avoid duplication. In fact, the time spent on the pre-service and post-service activities was spread across three units of services based on the assessment that the typical therapy visit is approximately 45 minutes.

In addition, most of the CPT codes billed by therapists are direct one-on-one 15-minute timed codes. For each code billed, the therapist spends 15 minutes of time with the patient and therefore there is no overlap or duplication of the work component.