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Cathy Cook, MD  
Chief Medical Officer  
Capitol Bridge LLC  
National Correct Coding Initiative Contractor  
2300 9th St. South, Suite PH3  
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*Submitted electronically:* [ProfessionalSociety@capitolbridgellc.com](mailto:ProfessionalSociety@capitolbridgellc.com)

RE: Reinstatement of NCCI Edits

Dear Dr. Cook:

On behalf of the over 4,000 Private Practice Section (PPS) of the American Physical Therapy Association (APTA) members—physical therapists in private practice community-based settings who use their expertise to restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities in patients with injury or disease—**PPS respectfully requests that CMS and Capitol Bridge LLC permanently delete the Correct Coding Initiative edits applicable to the codes billed by physical therapy providers, or, at minimum, delay reinstatement of such edits at least until the COVID-19 Public Health Emergency ends.**

Categorized as essential early in the COVID-19 pandemic, physical therapists have served critical roles on the front lines helping stricken patients regain mobility and recover while also safely providing care to their existing patient population. At the same time, many have had to deal with the complete disruption, and in some cases collapse, of their business model. Most outpatient physical therapists have been challenged by the moratorium on elective surgeries as well as the impact of following federal guidelines aimed at mitigating the transmission of COVID-19 such as social distancing; as a result, private practice physical therapists are seeing fewer patients and thus are struggling to meet short-term obligations such as payroll and rent, in many cases also making painful decisions to furlough staff for an unknown duration. Simultaneously, physical therapy providers are preparing for COVID-19 survivors who need rehabilitative care as well as the surge of patients who have delayed non-COVID-19 related care due to the pandemic. Easy access to critical physical therapy care after hospitalization is essential for patients to regain their health and independence, but many community-based outpatient physical therapy clinics, who are barely hanging on through the joint impact of the public health emergency and economic crisis, are being forced to consider whether to close their doors forever or hover on the brink of insolvency.

The planned Correct Coding Initiative edits will impose a significant penalty on code combinations that represent standard and necessary care. These penalties would be piled atop numerous existing payment policies which result in multiple cuts to physical therapy rates. For example, in 2011 Congress adopted the multiple procedure payment reduction, then in 2013 the reduction was increased

to 50% for Medicare therapy providers across all settings. Also in 2013, Congress implemented sequestration which required an across-the-board reduction in Medicare fee-for service reimbursement of 2%. Physical therapy codes were revalued in 2018, resulting in sizeable and unsupported cuts to the work and practice expense relative value units of physical therapy services. While Congress placed sequestration on a temporary hold due to the COVID-19 crisis, the 2% will be withheld again starting January 1, 2021. Given that physical therapy providers are also facing an estimated 9% payment reduction beginning in 2021, this amounts to a looming 11% reduction when providers are still recovering from the economic devastation of the COVID-19 pandemic and have yet to see their patient volume rebound. Additionally, beginning in 2022 Medicare payment for services provided by physical therapist assistants will be further reduced to 85% of the otherwise applicable fee schedule amount.

The Correct Coding Initiative edits being reinstated fail to align with current practice of care and would impose undue hardship upon Medicare providers and beneficiaries. PPS is aware that APTA offered CMS and Capitol Bridge LLC evidence of the inappropriateness of these edits in prior communications and fully supports those statements and evidence. PPS is also unsettled that information about reinstatement of these edits was not circulated in advance to stakeholders such as APTA—our national organization—and other national health care organizations, thereby removing an opportunity to comment on edit additions prior to their expected implementation on October 1, 2020.

Please reconsider the edits made to the following code pairs:

- **97140 with 97530:** This code pair has a modifier indicator of “1.” However, the edit for this code pair can restrict access to care and ultimately reduces the opportunity for patients to achieve the best outcomes. It would be clinically impossible to have overlapping minutes of therapeutic activities and manual therapy. There is no procedure that could be performed at the same time as manual therapy. CPT code 97530 (therapeutic activities) is not inclusive of CPT code 97140 (manual therapy), as each of these procedures are separate and distinct.
- **97161-97163 with 97140:** These code pairs have a modifier indicator of “1.” This edit means that a patient who presents with MSK pain may not be able to receive manual therapy on the day of their evaluation. This makes no clinical sense, hampers access to care, and could actually delay recovery. Evidence clearly indicates that for patients with MSK pain early intervention is critical and delaying necessary care on the day of an evaluation is contrary to this evidence.
- **97150 with 97110; 97112; 97116; and 97164:** These code pairs have a modifier indicator of “1.” 97150 is a group therapy code, whereas 97110, 97112, and 97116 are one-on-one direct care codes. The manner of practice should clearly distinguish between direct care and therapy provided simultaneously to two or more patients; moreover, these procedures also are separate and distinct. [Per CMS](#): “When direct one-on-one patient contact is provided, the therapist bills for individual therapy, and counts the total minutes of service to each patient in order to determine how many units of service to bill each patient for the timed codes. These direct one-on-one minutes may occur continuously (15 minutes straight), or in notable episodes (for example, 10 minutes now, 5 minutes later). Each direct one-on-one episode, however, should be of a sufficient length of time to provide the appropriate skilled treatment in accordance with each patient's plan of care. Also, the manner of practice should clearly distinguish it from care provided simultaneously to two or more patients. Group

therapy consists of simultaneous treatment to two or more patients who may or may not be doing the same activities. If the therapist is dividing attention among the patients, providing only brief, intermittent personal contact, or giving the same instructions to two or more patients at the same time, it is appropriate to bill each patient one unit of group therapy, 97150 (untimed).”

Moreover, CPT 97164 is a re-evaluation that is focused on the evaluation of progress and modifying goals/treatment; it does not encompass group therapy (97150). Per CMS: “A re-evaluation is not a routine, recurring service but is focused on evaluation of progress toward current goals, making a professional judgment about continued care, modifying goals and/or treatment or terminating services. Indications for a re-evaluation include new clinical findings, a significant change in the patient's condition, or failure to respond to the therapeutic interventions outlined in the plan of care.”

The physical therapy profession is responsible for managing disease and disability for individuals across the life span. Our members are proud of the safe, cost-effective care they provide; as small business owners they are quick to realize the impact of drastic and unfounded reductions to payment they would receive for providing clinically appropriate care. The profession is now at a critical juncture—while the services provided by physical therapists and physical therapist assistants have never been more necessary for the country to move through and past this health crisis, the profession is facing a historic and stark devaluation of the care they provide.

To ensure Medicare beneficiaries are able to lead productive lives and regain physical function, CMS must promote policies that improve access to physical therapy, not limit it. Accordingly, in light of the impending cut to physical therapy and the inappropriateness of these edits, PPS respectfully requests that CMS and Capitol Bridge LLC permanently delete the Correct Coding Initiative edits applicable to the codes billed by physical therapy providers, or, in light of the COVID-19 public health emergency and the resulting economic challenges that exist for providers that at minimum, delay reinstatement of such edits at least until the COVID-19 public health emergency is lifted.

PPS thanks Capitol Bridge LLC for your consideration of PPS’s comments. Should you have any questions or need additional information, please contact Alpha Lillstrom Cheng, PPS Lobbyist, at [alpha@lillstrom.com](mailto:alpha@lillstrom.com).

Sincerely,



Sandra Norby, PT, DPT  
President, Private Practice Section of American Physical Therapy Association

cc:

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