

REGULATORY CALL TO ACTION – 2020 PROPOSED PHYSICIAN FEE SCHEDULE

For members who were unable to attend the ALAPTA Fall Conference, we have important news for you! The 2020 Proposed Physician Fee Schedule has some significant proposals that will affect your practice if you see Medicare Part B or Medicare Advantage outpatients. As you may recall, when the Therapy cap was repealed in February 2018, CMS stated that in order to “pay for it” they would require that

- PT providers start reporting when a PT delivered services versus a PTA effective 1/1/2020; and
- Services delivered by a PTA would be reduced to 85% of the fee schedule effective 1/1/2022

In the 2020 proposed rule, CMS proposes to:

1. Require the application of a CQ-modifier on all CPT codes that meet the “de minimus” standard beginning 1/1/2020
 - a. The “de minimus” standard is being defined as >10% of a service
 - b. A service is defined as a specific intervention, such as therapeutic exercise (97110), manual therapy (97140), therapeutic activities (97530), etc.
2. Require documentation to support the use of a CQ-modifier OR why the CQ-modifier was not used

For example:

- Example 1: If a PTA delivered 10 minutes of 97110 and the PT delivered 15 minutes of 97110, then two units would be billed (25 minutes) and the CQ modifier would be applied to that line on the claim, and both units of 97110 would be reduced by the differential.
- Example 2: If a PTA delivered 10 minutes of 97110 and the PT delivered 15 minutes of 97530, then two units would be billed (1 unit of 97110 and 1 unit of 97530) and the CQ modifier would be applied to only the line with the 97110 which would be reduced, but the line reporting 97530 would not be.

This is bad policy, goes beyond how CMS defined the ‘de minimus’ standard in last year’s Final Rule AND still devalues the skills of both the PT and PTA. The documentation requirements are a distinct contraindication to this administration’s Patients Over Paperwork Initiative. While APTA and ALAPTA will be commenting on this bad proposal, we need all members, AND all PTs and PTAs who treat Medicare patients to also comment. There is strength in numbers and when CMS receives a thousand comments, they have to listen. The deadline is September 27, and it is EASY.

Step 1: Click on this link: <http://www.apta.org/RegulatoryIssues/TakeAction/>

Step 2: Scroll down to this topic: CMS 2020 Physician Fee Schedule Proposed Rule

Step 3: Download the PTA Modifier Policy Template Letter for Clinicians

Step 4: *Personalize it for yourself and your practice*

Step 5: Click on this link: <https://www.regulations.gov/comment?D=CMS-2019-0111-0092>;
Simply copy and paste your comments into the fields OR upload your word document!

It's that easy!!! There is also a template letter for your patients to use and submit their own comments.

This is important for the future of Alabama's physical therapy profession. Please take action and encourage all your colleagues to do the same.

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ALAPTA Payment Chair