



ASHT VIRTUAL CAPITOL HILL DAY 2019

Friday, October 4th
EMAIL DAY @



Issue Brief **Action Alert #3**

Concerns over Medicare Physician Fee Schedule Proposed Rule for 2020

The Centers for Medicare and Medicaid Services (CMS) released its CY2020 Physician Fee Schedule (PFS) proposed rule on August 14th. The rule proposes revisions to payment policies that could have direct impact on hand therapists' reimbursement, documentation requirements, and use of occupational therapy assistants (OTA) and physical therapy assistants (PTA).

Reimbursement Cuts Threaten Hand Therapy: CMS is proposing documentation and payment changes to the physician fee schedule's evaluation and management (E/M) codes. The proposed changes are significant, as E/M visits represent a large percentage of allowable physician fee schedule services.

CMS is required to maintain budget neutrality within the fee schedule which means that proposed E/M value increases would result in reimbursement cuts elsewhere, including with non-physician health care providers, like Hand Therapists. ASHT is concerned that CMS's proposal calls for an 8% cut for therapists across the board.

Reimbursement cuts of that magnitude can have long term effects on the workforce. **ASHT believes CMS should reconsider the proposed E/M changes due to the unintended consequences of the proposed changes on access to care.**

Coding Modifiers for Therapy Assistant Services: The Bipartisan Budget Act of 2018 (Pub. L. 115-123) repealed Medicare's outpatient therapy cap. As a result, Medicare now pays for therapy services above the established threshold when both the KX modifier is affixed and documentation of medical necessity is submitted. The law also established that, beginning January 1, 2020, outpatient therapy providers be required to use a modifier (CQ or CO) to indicate services furnished in whole or in part by an occupational therapy assistant (OTA) or physical therapist assistant (PTA).

In its CY20 MPFS proposed rule, CMS proposes that the CQ/CO modifier be applied to all services furnished in whole or in part by a OTA or PTA and that an explanation in the treatment notes accompany each claim to justify why the modifier was applied or not applied. **ASHT believes the documentation requirements being proposed are overly burdensome, particularly as OTAs/PTAs are utilized with far less frequency in the application of hand therapy.**

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Issue Brief Continued

De Minimis Standard: According to the proposed rule, a 10% De Minimis Standard will be used to determine when services are considered to have been billed in all or part by a OTA/PTA. CMS proposes that a service will be considered to have been 'furnished in all or part by a OTA or PTA' when more than 10% of the total service time is furnished in whole or part by the assistant (OTA/PTA). When the assistant provides services concurrently with the therapist, CMS proposes that the CQ/CO Modifier must be applied when the assistant's service time is 10% or more of the total time the therapist delivers services. However, if the therapist and assistant separately furnish portions of the same service to a patient, the CQ/CO Modifier will be triggered if the minutes furnished by the assistant are greater than 10% of the total minutes of both parties. Additionally, CMS proposes that the CQ/CO Modifier policies should apply to all services billed with the GP or GO therapy modifier. Ultimately all treatment time where the modifier is applied is subject to a 15% payment reduction, as enacted in BBA of 2018. **ASHT believes this proposal disincentivizes safe and effective team-based care and recommends the standard be applied only when services are provided independently by an OTA/PTA.**

Continued on next page »



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Step 1 Getting Your Congressperson's Email

Log into the ASHT website using your member account. Navigate to the Legislative Action Center via the ASHT home page, scroll to the bottom and click the featured block. Your congressional representatives will be displayed on the right side of the page, including contact information.

Step 2 Constructing Your Email

Feel free to use our sample script when sending your email!

Sample Email:

Dear [Congressperson or Senator],

As a constituent and hand therapist, I am writing to share my concerns regarding the policies advanced in the Medicare Physician Fee Schedule Proposed Rule for CY2020.

The profession of hand therapy is comprised of licensed occupational and physical therapists who specialize in the treatment and rehabilitation of the upper extremity. We help clients maximize function by providing evidence-based rehabilitation interventions for those with diseases, injuries or conditions resulting in upper extremity dysfunction. Importantly, we also play a key role in helping clients manage chronic pain, which serves as a vital alternative to the use of opioids.

As a member of the American Society of Hand Therapists, whose membership includes occupational, and physical therapists, assistants, researchers, and students, I appreciate the opportunity to share my concerns regarding these policy proposals and their potential impact on the hand therapy profession and on Medicare beneficiaries' ability to access needed therapy services.

As our profession prepares for the upcoming change, we want to make you aware of our concerns surrounding CMS' proposals on the following policies:

1. In its CY2020 MPFS Proposed rule, CMS is proposing payment changes to the physician fee schedule's evaluation and management (E/M) codes. The proposed changes are significant, as E/M visits represent a large percentage of allowable physician fee schedule services, and would result in reimbursement cuts elsewhere, including therapy services. CMS's proposal could result in reimbursement cuts of up to 8% for therapy services.
2. Separately, CMS proposed that, for outpatient therapy services, an explanation, in the treatment notes, must accompany each claim in order to justify why a modifier was applied or not applied. **The documentation requirements resulting from this proposal would be**

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Sample Letter Continued

time consuming and overly burdensome, particularly for hand therapy practices that utilize assistants with far less frequency.

3. As a result of the Bipartisan Budget Act of 2018 (Pub. L. 115-123), outpatient therapy providers will be required, beginning January 2020, to use a modifier to indicate when services are provided in whole or in part by an occupational therapy assistant (OTA) or physical therapist assistant (PTA). Those services will then be subject to a 15% reduction in reimbursement. CMS also proposed that services will be considered to have been 'furnished in all or part by an OTA or PTA' when more than 10% of the total service time is furnished in whole or part by the assistant (OTA/PTA). The use of assistants is often deployed to ensure safe and effective team-based care. **This proposal disincentivizes safe and effective team-based care. I would suggest, instead, that the standard be applied only when services are provided independently by an OTA/PTA.**

CMS also proposed that services will be considered to have been 'furnished in all or part by an OTA or PTA' when more than 10% of the total service time is furnished in whole or part by the assistant (OTA/PTA). The use of assistants is often deployed to ensure safe and effective team-based care. **This proposal disincentivizes safe and effective team-based care. I would suggest, instead, that the standard be applied only when services are provided independently by an OTA/PTA.**

Reimbursement cuts of that magnitude would have both acute and long-term effects on the hand therapy workforce. **CMS should strongly reconsider the proposed E/M changes due to the unintended consequences of the proposed changes.**

Ultimately, I believe these policy proposals will have a negative impact on access and delivery of therapy services to Medicare beneficiaries.

I appreciate the opportunity to provide feedback on the Proposed Physicians' Fee Schedule Rule.

Sincerely,
[Your Name]

This would need to be dependent on the exact sample script to determine which elected official they should contact.