

2019

Practice Division Briefing

CMS Releases Final 2020 Medicare Physician Fee Schedule

November 2019

- Submitted by Danielle Grace Sparks, DHS, MOT, OTR, CHT, Advocacy Committee Chair

On November 1, 2019, CMS posted a fact sheet outlining its final rule. This included updates to payment policies, payment rates, and quality provisions for services furnished under the Medicare Physician Fee Schedule (PFS) effective January 1, 2020.

According to CMS, this PFS for the calendar year 2020 “reflects an Administration-wide strategy to create a healthcare system that results in better accessibility, quality, affordability, empowerment, and innovation.” Their goal is also to reduce the burden on the provider and valuing time spent with patients.

Some key points specific to occupational therapists and physical therapists

- CMS is aligning with AMA on CPT coding for physicians. It is anticipated that beginning in 2021 Evaluation and Management rates for physicians and other providers will increase, especially in specialty areas.
- Due to budget neutrality, there have been discussions about 8% payment cuts to occupational and physical therapy codes. CMS has not specified details yet.
- CQ and CO Therapy Modifiers are established to identify therapy services furnished by assistants. CMS set a de minimus 10% standard for when these modifiers will apply to specific services.
- When an OT or PT is involved in the entire duration of the service and the OTA or PTA provides skilled therapy alongside, the modifier isn't required.
- When the same service code is furnished completely separately by the OT/PT and OTA/PTA, the de minimus will be applied to each 15-minute unit of codes, not the total time of service, allowing the separate reporting on different claim lines with or without the modifier accordingly.
- No documentation requirements.

- Opioid Use Disorder Treatment Services
 - Increased support of opioid treatment programs (medications, counseling, individual and group therapy)
 - Required certification of opioid treatment programs
 - Payment for drugs and bundled payment rates
 - Zero beneficiary copayment for 2020
- Physicians Assistants
 - PAs to get greater flexibility to practice more broadly in the current health care system within state law and scope of practice. Physicians should supervise by having a working relationship with the PA.
- KX modifier threshold increased from \$2,040 to \$2,080.
- Dry needling codes have been added, but not covered by CMS.
- Negative wound pressure gets coding values [97607] and [97608].

References:

Centers for Medicare and Medicaid Services, Newsroom retrieved on November 4, 2019

<https://www.cms.gov/newsroom/fact-sheets/finalized-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar>

APTA, PT in Motion news retrieved on November 4, 2019

<http://www.apta.org/PTinMotion/News/2019/11/04/PFSFinalRule/>

AOTA, Federal Regulatory Affairs news retrieved on November 4, 2019

<https://www.aota.org/Advocacy-Policy/Federal-Reg-Affairs/News/2019/CY2020-Medicare-Physician-Fee-Schedule.aspx>

Practice Division Update

New Worker's Compensation guidelines for PT/OT in New York state

November 2019

- Submitted by Ann Marie Feretti, EdD, OTR/L, CHT, ASHT Federal & State Regulations Committee Chair

Occupational and physical therapists will now be able to submit their own medical reports and bills without the signature of a supervising physician.

All occupational and physical therapists who treat injured workers, whether employed by a physician practice and treating injured workers under physician supervision or practicing independently, must obtain their own Board-authorization to continue treating injured workers after January 1, 2020.

OTs and PTs must complete training and complete the authorization process to continue treating injured workers after January 1, 2020.

More information:

https://files.constantcontact.com/342345b3701/dd8fb4f4-e19a-4828-a95f-51e6b12200a8.pdf?fbclid=IwAR1hx306bxo5vZK2x2Ru17iZBQWX_8n5ZVTpiqWeDOq22hvzaWRResgQCt8k

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<http://www.wcb.ny.gov/newprovider/>

CMS Orthoses Denials

August 2019

In response to the multiple concerns that we have received from various members across the country regarding the recent denials on custom-fabricated orthoses under the same or similar policy, ASHT continues to communicate with CMS. The Practice Division appreciates and would like to thank all ASHT members, the ASHT E-community, ASHT Board members and the ASHT Practice Division Committee members for sharing their expertise, inputs, denial scenarios and examples.

[Read ASHT response letter](#)

ASHT Practice Division welcomes suggestions from members. Please use asht@asht.org or the Practice and Reimbursement Group on the [E-community](#) to submit your comments.

Pain Management Best Practices Inter-Agency Task Force Draft Final Report

May 2019

In 2016, Congress passed critical legislation aimed at stemming the nation's opioid epidemic. The Comprehensive Addiction and Recovery Act (P.L. 114-198) included provisions establishing the Pain Management Best Practices Inter-Agency Task Force. Earlier this month, the taskforce comprised of the Departments of Health and Human Services, Veterans Affairs, and Defense, issued its [Draft Final Report](#).

In March, [ASHT submitted comments](#) to the agencies in response to their initial draft report. We are pleased to see language included in the final report that acknowledges the critical role of "restorative therapies," including physical therapy (PT) and occupational therapy (OT). The taskforce's work to explore best practice models for acute and chronic pain management also identified a number of barriers to accessing care. These items represent opportunities for hand therapists to educate payers, health systems, networks and other providers about the value of our specialty to patients suffering with pain.

Ultimately, the report included an entire section on "Restorative Therapies." The section identified a general lack of understanding about which restorative therapies are indicated for the various pain syndromes as a significant barrier. The taskforce recommended investments in research and data to help inform the inclusion of restorative therapies in more multidisciplinary models.

The report also emphasized the importance of minimizing reimbursement barriers for modalities, such as OT and PT, with long-demonstrated benefit to patients suffering from pain. As such, recommendations called on CMS and private payers to:

- develop appropriate reimbursement policies to allow for a multimodal approach to acute pain;
- minimize insurance coverage delays for clinically appropriate care;
- restore reimbursement to non-hospital sites of service to improve access and lower the cost of interventional procedures.

The agencies and Congress will be looking closely at the Pain Management Best Practices Inter-Agency Task Force's report and what policies can be implemented or passed to improve pain management care across the country.

ASHT will be working to educate lawmakers and the agencies about barriers that are preventing patients from accessing hand therapy and quality pain management treatment.

House Appropriations Committee Update

May 2019

Last week, the House Appropriations Committee approved its fiscal year 2020 Labor, Health and Human Services, Education, and Related Agencies (L-HHS) funding bill. The House Appropriations bill includes an increase of nearly \$12 billion over 2019 levels and an \$8.5 billion increase for HHS alone, which supports many of the nation's most critical healthcare programs.

ASHT supports key initiatives funded by the L-HHS funding bill and is pleased to see that the legislation makes critical investments in rehabilitation research, assistive technology and alternatives to opioids for pain management. More specifically, the bill included language on a number of relevant topics for ASHT members, including:

- The Committee made key recommendations on research and included \$108,970,000 for the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR), representing an increase of nearly \$18.6 million for rehabilitation-focused institute over FY19 levels.

- The Committee also made important research policy recommendations that would allow the National Institutes of Health (NIH) Director to transfer funds for activities related to opioid addiction, opioid alternatives, pain management and addiction treatment.
- Lawmakers further emphasized the importance of exploring the full range of non-opioid alternatives for pain management, including chronic pain therapies like rehabilitation. The Committee included the following language to underline their intent for HHS:

Fifty million Americans suffer from chronic pain; living with chronic pain can be life-altering, deeply impacting people on many levels. The current state of chronic pain management is often inadequate for many patients and places an economic burden on the health care system, costing the U.S. \$560 billion annually. Management of chronic pain often requires both non-pharmacological treatment as well as medicines. Unfortunately, the current pharmacological options do not meet the needs of all patients, and additional treatments are needed. The Committee requests in the Fiscal Year (FY) 2021 Congressional Justification an update on the progress of the development and advancement of non-opioid chronic pain therapies.

- The Committee also sought to make investments in assistive technology, with a goal toward bolstering support for assistive technology needs for individuals with disabilities. The Committee emphasized that its goal is to increase awareness of and access to assistive technology devices and services that may help with education, employment, daily activities and inclusion of people in their communities. The Committee recommended \$37,000,000 for these important programs, an increase of \$1 million.
- The Committee recommends \$4,000,000 for the Limb Loss Resource Center, which is \$500,000 above FY19 levels. The Limb Loss Resource Center supports a variety of programs and services for those living with limb loss, including a national peer support program, educational events, training for consumers and healthcare professionals and information and referral services.
- The Office of Workers' Compensation Programs (OWCP) administer programs that provide eligible injured and disabled workers and their survivors with compensation, medical benefits and services including rehabilitation, supervision of medical care and technical and advisory counseling. The Committee's recommendation included an increase of \$3 million over FY19 levels.

Congress will aim to complete its work on the remaining appropriations bills and bring them to the House and Senate floor for consideration before the end of the Fiscal Year in September. As the process moves forward, we will continue to keep you apprised of key developments. Be sure to check back for updates.

Pain Management Task Force Comments

April 2019

Hand therapists have long been recognized for their role in helping patients manage acute and chronic upper extremity pain. In response to the opioid epidemic, the search for non-pharmacologic alternatives has elevated the profile of therapy as a critical part of the solution.

ASHT has been a vocal advocate for the role of hand therapy in stemming the crisis over the past year, weighing in on legislation and commenting on agency initiatives. Most recently, the Pain Management Best Practices Inter-Agency Task Force issued a draft report on the gaps and recommendations on acute and chronic pain management. The draft report highlighted the role of 'restorative therapies' in providing effective pain management.

The task force, which is overseen by the Departments of Health and Human Services (HHS), Veterans Affairs (VA) and Defense (DoD), was established with the passage of the Comprehensive Addiction and Recovery Act of 2016 ([P.L. 114-198](#), CARA). CARA required the task force to develop a report and propose recommendations for best practices in pain management.

During the open comment period, ASHT took the opportunity to provide [feedback on the report](#) and commend the task force for recognizing the role of therapy and rehabilitation in pain management. In our comments, we also elaborated further on the role hand therapists play in developing, coordinating and executing pain treatment programs, as well as how those plans help patients successfully manage their pain without the use of opioids.

Importantly, the draft report also emphasized the need for additional research in therapy. ASHT member research is vital to the development of best practice standards and the delivery of quality evidence-based care. With that in mind, ASHT will continue advocating for rehabilitation research funding during Congress' fiscal year 2020 appropriations debate and utilize the recommendations in this report to make the case.

The comment period for the draft report ended on April 1. The task force will review all comments and publish a final report in the coming months. ASHT will monitor updates related to the report and will continue to participate in discussions related to pain management and therapy.