



FAL Briefing Memo

June 2021

Federal Agencies

- APTA submitted comments on the Department of Education’s proposed guidance on the American Rescue Plan Act Elementary and Secondary School Emergency Relief Fund. APTA thanked the department for requiring local and state education authorities to consult a diverse group of stakeholders before distributing funding but requested that specialized instructional support personnel (SISP) which include PTs and PTAs who provide services in school also be consulted on the appropriate use of these funds.
- APTA submitted comments on the Centers for Medicare and Medicaid Services’ Skilled Nursing Facilities (SNF) Proposed rule. APTA advised that CMS delay any PDP adjustment until it has several years of “clean” post-COVID-19 PHE data, and that any such adjustment focus on bad actors. APTA also commented on two RFIs: one addressing quality measures under consideration for future years, and the other on closing the health equity gap in post-acute care quality reporting.
- APTA submitted comments on the Centers for Medicare and Medicaid Services’ Inpatient Rehabilitation Facilities (IRF) proposed rule. Similar to the SNF proposed rule, APTA commented on two RFIs: one addressing quality measures under consideration for future years, and the other on closing the health equity gap in post-acute care quality reporting.

Capitol Hill

- On Tuesday, June 8, Rep. Diana DeGette (D-CO) and Rep. Kelly Armstrong (R-ND) introduced the *Physical Therapist Workforce and Patient Access Act* in the U.S. House of Representatives. This APTA-led bill would add physical therapists as approved providers under the National Health Service Corps (NHSC) Loan Repayment Program. The NHSC LRP repays up to \$50,000 in outstanding student loans to certain health care professionals who agree to work for at least 2 years in a designated Health Professional Shortage Area (HPSA). Currently there is no physical rehabilitation care component within the NHSC LRP, a piece that would greatly complement the current program to promote health across the continuum of care. A senate companion is expected to be introduced in the future.
- The *Allied Health Workforce Diversity Act* (H.R. 3320/ S.1679) has been introduced in Congress. If enacted it would provide \$8 million per year to be made available to accredited education programs in physical therapy, occupational therapy, audiology, respiratory therapy, and speech-language pathology to increase program diversity. Lead cosponsors in the House are Reps. Bobby Rush (D-IL), Markwayne Mullin (R-OK); Senate cosponsors are Lisa Murkowski (R-AK) and Bob Casey (D-PA). Additional information [HERE](#).
- APTA-supported bipartisan legislation taking aim at misuse of prior authorization in Medicare Advantage plans has been introduced U.S. House of Representatives. If signed into law, the bill could mark a major shift in Medicare Advantage by holding plans

more accountable for their use of prior authorization, establishing a pathway for "real time" coverage decisions, and requiring MA companies to get more input from providers and other stakeholders on what is and isn't deemed clinically appropriate. Known as the "[Improving Seniors' Timely Access to Care Act](#)" (H.R. 3173) the bill now in the house wouldn't completely eliminate the use of prior authorization but would move Medicare Advantage toward a more transparent and less burdensome process. Reps. Suzan DelBene (D-WA), Mike Kelly (R-PA), Ami Bera (D-CA), and Larry Bucshon (R-IN) introduced the bill.

- *Improving Access to Medicare Coverage Act* (H.R. 3650) introduced by Representatives Joe Courtney (D-CT), Glenn 'GT' Thompson (R-PA), Susan DelBene (D-WA), and Ron Estes (R-KS) would deem an individual receiving outpatient observation services in a hospital as an inpatient for purposes of satisfying the three-day inpatient hospital-stay requirement with respect to Medicare coverage of skilled nursing facility service.
- *Resetting the IMPACT Act* (H.R. 2455) introduced by Representatives Sewell (D-AL) and Vern Buchanan (R-FL) would exclude from the new payment system prototype the data collected both prior to the recent PAC payment systems' reforms as well as during the COVID-19 pandemic. Without these exemptions, the prototype will not reflect the post-pandemic resource needs of certain PAC patients – most likely those with medical complexities – with resulting payment inaccuracies that would create access challenges for affected patients.

Commercial Payors

- UnitedHealthcare has [updated its Telehealth/Telemedicine Policy, Professional](#) for providers who bill services on a 1500 claim form, to include physical therapists as eligible providers of telehealth.
- CIGNA's Preventative Care Policy includes Physical Therapists evaluation and treatment of patients for fall prevention using the ICD10 codes and the CPT codes below. This is a wellness directed intervention. [Preventive Care Services](#)
- Some commercial payers and MACs have established that the strapping codes cannot be billed with manual therapy or with any of the therapeutic procedure codes even with the use of a modifier. This is the result of two statements in the NCCI edit manual. APTA has submitted a request for reconsideration to CMS and is working with commercial payers for reconsideration of these policies.