



APTA FAL Call Briefing Memo

February 2020

CMS NCCI EDITS: CMS has updated the NCCI PTP edits table – there are no longer the problematic edits listed for Column 1 codes 97140, 97150, and 97530 column 2 codes for 97161, 97162, 97163, 97165, 97166, and 97167. However, we haven't seen any narrative explanation of how the contractors are to process or re-process claims using these updated tables. These changes are retroactive to January 1. See:

<http://www.apta.org/PTinMotion/News/2020/02/06/NCCICodeUpdate/>

8% CUT: February has been busy. On February 5, a letter was sent to CMS signed by 99 members of the US House asking specific questions about how CMS formulated the proposed cuts. APTA and its coalition of speciality providers championed this letter. APTA, with APTQI, continues to engage with HHS Secretary Azar's staff regarding the potential 8% cut. We recently met with senior HHS staff and followed up with a detailed letter outlining the timeline of cuts to PT reimbursement, highlighting the value of physical therapy, particularly in relation to falls, opioids, and readmissions. With two additional letters, APTA is questioning the policy objectives CMS is trying to achieve by cutting PT reimbursement. APTA sent its own set of recommendations to CMS on February 10th highlighting alternatives for CMS to consider rather than cutting PT (and OT) by 8%. Second, the fee schedule coalition convened by APTA also submitted recommendations to CMS on February 10 outlining bigger picture objectives and considerations for CMS to consider as it enters 2021 PFS rulemaking.

CMS DRY NEEDLING: On February 5, APTA sent two letters to CMS regarding coverage of dry needling. In the first letter, APTA requests that CMS convert the procedure status of the two new dry needling codes (20560 and 20561) from "N" (Noncovered code) to "A" (Active code) in 2021 Physician Fee Schedule (PFS) rulemaking. In the 2020 PFS proposed rule, which CMS published in August 2019, CMS had proposed to designate the two new dry needling codes as "always therapy" procedures and assigned an "A" status to the codes. However, in the 2020 PFS final rule, published in November 2019, while CMS adopted values for these codes, it did not finalize these codes as "always" or "sometimes" therapy services, stating that these codes are non-covered unless otherwise specified through a national coverage determination. In the second letter, APTA requests that CMS recognize dry needling as distinct from acupuncture. In this letter, APTA asks CMS to reconsider its Decision Memo and remove all references to dry needling as acupuncture, and to also develop a national coverage determination for dry needling.

CMS: PRICE TRANSPARENCY: On January 22, APTA submitted comments to CMS on its Transparency in Coverage proposed rule. In these comments, APTA supported the proposed rule's increased transparency requirements for issuers, but maintained that any further transparency disclosures should be on issuers and not providers. Responding to the proposed rule's request for information on provider quality measurement and reporting in the private health insurance market, APTA advised CMS to consider ways to encourage physical therapists to submit their data to the Physical Therapy Outcomes Registry. Additionally, APTA recommended that CMS reward providers for administering effective care regimens based on quality measures and increasing efficiencies.

WI PHYSICIANS SERVICE INSURANCE CORPORATION (WPS): On January 23, APTA submitted a letter to WPS to clarify the scope of practice of the physical therapist assistant in wound care, and to correct misconceptions held by the Wisconsin Physicians Service Insurance Corporation (WPS). This stemmed from correspondence during medical review between WPS and an APTA member, leading the PT member to believe that WPS has taken the position that physical therapist assistants may not perform wound care services.