Via Electronic Submission

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Re: Proposed Code Descriptor Language for the Therapeutic Interventions for Body Structure and Body Function Codes

Dear Ms. Elliott,

Oh behalf of U.S. Physical Therapy, Inc. and the more than 500 clinics that we represent, thank you for the opportunity to provide feedback on the Proposed Code Descriptor Language for the Therapeutic Interventions for Body Structure and Body Function Codes that would replace the majority of the Physical Medicine and Rehabilitation (PM&R) 97000 CPT code series. U.S. Physical Therapy, Inc. supports coding and payment reform that rewards high quality care and improved outcomes.

However, a CPT Coding Proposal that categorizes patients based on the severity of their condition and intensity of intervention is largely subjective without specific quantifiable and objective criteria. Therefore, please review our comments and concerns outlined below:

1. The purpose of coding reform should move us away from fee for service payment and towards value based payment. The current proposal, while a complete overhaul of the physical medicine and rehabilitation (PM&R) 97000 CPT code series, does not incorporate any quality or outcome components to improve quality of care or achieve the Triple Aim goals.

2. The training requirements for an individual therapist to understand and implement the new coding system would be substantial and arduous. The therapist will be required to understand and apply a coding system that is largely subjective and inconsistent with current coding methodologies due to the nature and magnitude of the proposed changes. How does APTA envision the training and implementation of this new coding

structure for all outpatient physical therapists in reasonable, timely and cost effective manner?

3. The documentation requirements for outpatient therapy are increased under this new coding model. In addition to the varied and extensive documentation requirements that physical therapists currently must understand and comply with, physical therapists will be required to document specific justification for each aspect of the therapeutic intervention intensity level including patient presentation, intensity of decision making and predictability of outcomes at each treatment session. Therapists will continue to document the individual therapeutic procedures and activities for clinical and legal purposes; therefore the document burden is increased. What is APTA's plan regarding documentation requirements?

4. The new code definitions require all parameters to be met in order to report the code. The patient's complexity does not necessarily correlate to the therapist's level of decision making or intervention skill. For example, a patient suffering from a complex TBI may be in therapy for only passive ROM which requires minimal complex decision making. What options does the clinician have if a patient requires more than 50% of time being in direct contact, but they perceive the clinical decision making to be "low" level?

5. For 97193X, the terms "unstable" and "unpredictable" should not be included in the definition as they do not readily apply to settings in which most outpatient physical therapists work. In fact, some payer rules dictate that physical therapy services should not be provided unless the clinician believes the patient will progress in a predictable manner. Why does this code include a patient status that is atypical and not generally seen in the outpatient therapy setting?

6. The role of the physical therapist assistant appears to be significantly diminished in the new coding structure. For each therapeutic intervention, the physician or qualified health care provider is required to evaluate the patient's status, make clinical judgements regarding the patient's presentation and predict the outcome of the planned interventions. As set forth in many State rules and statutes, these clinical skills are in the sole domain of the physical therapist, and not the physical therapist assistant. What is the role of the physical therapist assistant under the new coding system, particularly when the state regulations allow for general supervision?

7. The complete set of physical medicine and rehabilitation (PM&R) 97000 CPT code series is not included in this proposal. A complete list of the proposed codes including deletions, revisions and additions to the 97000 CPT code series is required for a comprehensive review of the coding proposal.

8. With direct contact included in the definition of the proposed intensity level codes, group therapy should be removed from the 97000 CPT series as a separately reported CPT code.

9. The proposed intensity level codes do not allow for measurement and reporting of specific interventions; thus adversely impacting clinical research and quality initiatives.

10. Clinical documentation serves many purposes which include protecting the health care provider from legal issues related to allegations of fraud, waste, abuse and medical malpractice. Due to the subjective nature of the proposed codes and the increased documentation burden, therapists may be at higher risk for allegations of wrongdoing under this new structure.

11. Without collaboration with CMS, there is no guarantee that this coding proposal would not simply be superimposed on the existing Medicare rules and regulations applicable to outpatient physical therapists. Nor does this proposal permanently remove the concerns regarding misvalued codes. How is APTA collaborating with CMS to address these concerns?

12. Describe how you believe these proposed codes will be valued for reimbursement purposes. Specifically, what is APTA's recommendation for the work and practice components of the proposed codes?

We look forward to your responses to our feedback on the proposed Therapeutic Interventions for Body Structure and Body Function Codes and the opportunity to provide further input in the future.

Respectfully,

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