PTs, PTAs, and Students: We suggest you submit comments electronically*.* You may submit electronic comments on the CY 2021 Physician Fee Schedule proposed rule using the submission link on the [APTA Regulatory Action Center](https://www.apta.org/advocacy/take-action/regulatory) and paste the comments BELOW into the comment box on the comment submission page:

I appreciate the opportunity to provide comments to the Centers for Medicare & Medicaid Services in response to the 2021 Physician Fee Schedule proposed rule.

First, I strongly oppose CMS’ significant payment reductions for physical therapy services. If the 9% cut is implemented, physical therapy providers, many of whom are small business owners, will become insolvent and therefore unavailable to treat Medicare beneficiaries, including Medicare Advantage enrollees. The result of this proposal will bemassive unemployment; the shuttering of many small business (including in rural communities); delivery of unskilled care; significant declines in beneficiaries’ quality of life; and increased morbidity and mortality – all of which lead to greater costs and burdens on the already taxed health care system. The ripple effect that this decision will have across the provider community is monumental. CMS must immediately halt implementation of the 9% reduction to physical therapy services.

Second, I strongly recommend that CMS include in the list of covered telehealth services the following CPT codes: 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, and 97530 and 97763. The expansion of telehealth payment and practice policies to allow physical therapists in private practice and facility-based physical therapy providers during this public health emergency has demonstrated that many needs can be effectively met via the use of technology and that patients can have improved access to skilled care by leveraging these resources. Adding these CPT codes to the list of covered telehealth services will better ensure a seamless transition when additional practitioners, such as physical therapists, become eligible to furnish and bill for telehealth services under Medicare. Moreover, adding these CPT codes, even on a temporary basis, will allow therapists who work “incident to” physicians to continue to furnish telehealth services when appropriate, therefore ensuring continued access and improving beneficiaries’ satisfaction after the PHE ends.

Third, I strongly support CMS’ proposal to permanently allow physical therapists to furnish and bill e-visits, remote assessment of recorded video and/or images submitted by an established patient, and brief communication technology-based service, e.g., virtual check-in. However, I recommend that CMS clarify in final rulemaking that facility-based therapy providers, who have been identified as eligible to furnish and bill these communication technology-based services during the PHE, also are recognized as eligible to furnish and bill these codes on a permanent basis.

Fourth, I respectfully disagree with CMS’ interpretation that CPT codes 99453, 99454, 99091, 99457, and 99458 can only be furnished and billed by physicians or practitioners who are eligible to bill Medicare for E/M services. Physical therapists are recognized by the American Medical Association as qualified health care professionals and the CPT codes at issue are not restricted to use solely by physicians and others who may bill E/M services. Physical therapists use remote monitoring technology in treatment to shorten healing times, reduce risk for adverse events, promote patient self-efficacy, improve comfort and quality of life, and increase the overall quality and options of care available. Physical therapists use accelerometers and devices that collect physiologic functions both in real time (in person and remotely) and recorded. They commonly collect data that includes change in upper or lower extremity position, or displacement, that occurs over a given time period, heart rate, blood pressure, pulse, and respiration. This provides a greater understanding of performance of and response to physical activity as well as information to better gauge their home exercise program and determine the need for advancing or revising programs. Physical therapists also use accelerometry to collect data that indicates when a patient may be experiencing balance and or postural changes that may be indications of increased falls risk.

Physical therapists are recognized as QHPs by AMA; the definition of QHP supports the interpretation that physical therapists are QHPs; and the remote physiologic monitoring codes are not E/M services. Therefore, CMS must revise its interpretation in final rulemaking to recognize that CPT codes 99453, 99454, 99091, 99457, and 99458 may be billed by QHPs, such as physical therapists, who meet all statutory requirements, and that the billing of these codes is not limited solely to health care professionals who can bill Medicare for E/M services.

Finally, I strongly support CMS’ proposal to allow physical therapist assistants to furnish maintenance therapy under Part B.