

# The RECOVER Act (H.R. 8386)



## Position

The American Physical Therapy Association strongly supports the RECOVER Act (H.R. 8386), introduced by Rep. Deborah Ross, D-NC, which would repeal the Multiple Procedure Payment Reduction Policy, or MPPR, under the Medicare Physician Fee Schedule. MPPR is a structurally flawed payment policy that results in duplicative reductions to practice expense payments for therapy services, undermines payment accuracy, and threatens patient access to medically necessary physical therapy, occupational therapy, and speech language pathology services. Repealing MPPR is necessary to ensure payment adequacy, support multidisciplinary care, and protect access to high-value rehabilitation services for Medicare beneficiaries.

## What Is MPPR?

MPPR, implemented in 2011, applies to physical therapy, occupational therapy, and speech-language pathology services provided under Medicare Part B.

Because of MPPR, when therapists bill more than one “always therapy” service (identified by CPT code) on the same day for the same patient, all therapy services beyond the first service provided are subject to a reduction in the practice expense portion of that code. The practice expense portion accounts for approximately 45% of a CPT code’s value.

Under this policy, the therapy service with the highest practice expense value is reimbursed at its full value, but the practice expense values for all subsequent therapy services, provided by all therapy providers, are reduced by 50%. The work and malpractice components of the therapy service payment are not reduced.

## Background

In the 2011 Medicare Physician Fee Schedule, CMS first proposed the implementation of a 25% MPPR across therapy services. Congress changed this reduction amount to 20% in the Physician Payment and Therapy Relief Act of 2010 (H.R. 5712). Congress then increased MPPR to a permanent 50% in 2013 as a budget offset, not based on data or utilization evidence. Since then, therapy claims have been reduced despite practice expense inputs already reflecting efficiencies.

## An Inherently Flawed Policy

MPPR is inherently flawed because practice expense values for therapy CPT codes are already reduced during code valuation to reflect efficiencies when multiple services occur in one session.

Applying MPPR again at claims processing double-reduces those practice expenses, undermining payment adequacy and threatening the financial viability of therapy practices, which ultimately limits patient access.

The 50% reduction level is arbitrary, not tied to utilization patterns, and it fails to recognize that occupational therapy, physical therapy, and speech-language therapy interventions are separate and distinct from each other.

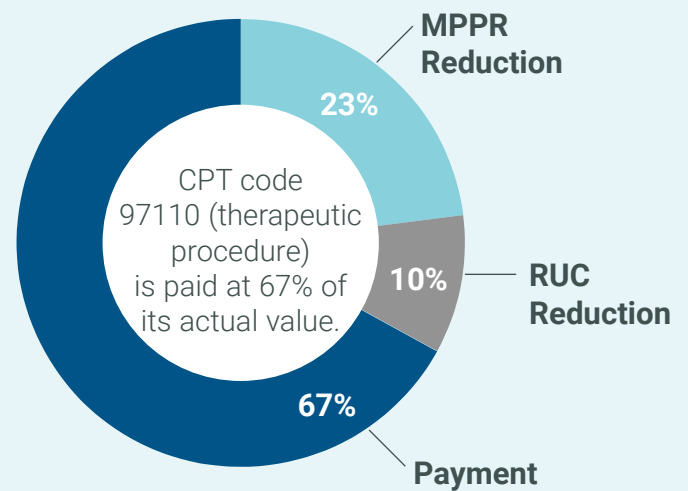


## CMS Recognizes MPPR Is a Problem

“As discussed in the proposed rule, we reviewed the clinical labor time entries for these 19 therapy codes. We noted that we did not believe a payment reduction should have been applied to the 19 nominated therapy codes’ clinical labor time entries since the payment valuation reduction would be duplicative of the MPPR we apply during claims processing.” (Medicare Physician Fee Schedule Final Rule, Nov. 2, 2023)

## Clinical Example

If a patient receives one unit of self-care retraining in the kitchen (CPT code 97535), followed by therapeutic exercises (CPT code 97110) using exercise equipment and a treatment mat, then the equipment, supplies, and clinical staff activities are entirely separate for each procedure. Each requires its own set-up, clean-up, disinfection, patient positioning, etc., before and after the procedure. Under the current policy, despite those services being separate and distinct, and having a separate and distinct practice expense, payment for the second unit (CPT 97110) is reduced even though the values of the two codes do not include any duplicative cost, and even though the RUC has already reduced the practice expense inputs based on therapists generally billing multiple procedures during a treatment session.



## Implications for Multidisciplinary Care

MPPR inappropriately applies across physical therapy, occupational therapy, and speech-language pathology services delivered on the same date, regardless of the distinct services and supplies provided to the patient. Under MPPR, only the first therapy discipline billed receives full practice expense payment at 100%, while services from additional disciplines are reduced to 50%, even when the equipment, clinical staff, and supplies do not overlap.

This policy discourages coordinated scheduling, penalizes interdisciplinary care models, and disproportionately harms beneficiaries in rural and underserved communities who rely on consolidated visits due to transportation and access barriers.

## Solution

Congress and CMS must repeal the inherently flawed MPPR policy that unfairly penalizes therapy providers under the Medicare Physician Fee Schedule. We urge Congress to co-sponsor the RECOVER ACT, H.R. 8386.

This legislation is endorsed by the following national health care organizations: ADVION; Alliance for Physical Therapy Quality and Innovation; American Health Care Association/National Center for Assisted Living; American Occupational Therapy Association; American Speech Language Hearing Association; Athletico; National Association of Rehabilitation Providers and Agencies; and Select Medical.

## American Physical Therapy Association

The American Physical Therapy Association is a national organization representing 100,000 physical therapists, physical therapist assistants, and students of physical therapy. Our mission is to build a community that advances the profession of physical therapy to improve the health of society.



**Co-sponsor H.R. 8386!**

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