April 2, 2020

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Attn: CMS-1744-IFC
200 Independence Ave., S.W.
Washington, DC 20201

RE: Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency [CMS-1744-IFC]

Dear Administrator Verma:

On behalf of our more than 100,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association appreciates the opportunity to provide comments to the Centers for Medicare and Medicaid Services in response to the Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency interim final rule with comment period (IFC).

The coronavirus pandemic demands that health care policy makers, payers, and providers reconsider how care is delivered. Although the March 30, 2020, CMS IFC adds some of the physical medicine and rehabilitation codes to the list of services covered under the Medicare Physician Fee Schedule when furnished as telehealth, CMS did not expand the types of providers eligible to furnish telehealth. With intensifying concerns surrounding the COVID-19 pandemic, access to telehealth has become of paramount importance to ensure the safety of patients and their providers. Accordingly, **APTA urges CMS to take immediate steps to ensure patient safety and protect health care providers by using authority granted to it under Social Security Act 1135(b)(8), as amended by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, and issue a blanket waiver to expand the types of providers eligible to furnish telehealth services as distant site practitioners under Medicare to include physical therapists and physical therapist assistants during the COVID-19 public health emergency.**

APTA appreciates that in the IFC, CMS identified many therapy services as having “sufficient clinical evidence” to support their addition to the Medicare telehealth list on a category 2 basis. We also appreciate the recognition that the therapy services listed in the 97000 series are
beneficial to patients and that these codes can be appropriately provided via telehealth. However, as noted in the IFC, current Medicare law does not allow telehealth services to be furnished by therapists under Social Security Act Section 1834(m):

However, we note that the statutory definition of distant site practitioners under section 1834(m) of the Act does not include physical therapists, occupational therapists, or speech-language pathologists, meaning that it does not provide for payment for these services as Medicare telehealth services when furnished by physical therapists, occupational therapists, or speech-language pathologists.

CMS acknowledges in the rule that the therapy codes are furnished more than 90 percent of the time by therapy professionals, who are not included on the statutory list of eligible distant site practitioners. Thus, unless and until HHS (and thereby CMS) uses the authority granted to it by Section 3703 of the CARES Act, it is unlikely that Medicare beneficiaries will be able to access telehealth physical therapy services, despite the obvious benefit such services are for patients.

In his March 24, 2020, letter to governors, U.S. Department of Health and Humans Services Secretary Alex Azar requested immediate action to increase health care providers’ ability to combat the crisis. The recommended actions include licensure exemptions and disciplinary moratoriums and waiver of telemedicine practice prohibitions, relaxation of scope-of-practice requirements, and easing of malpractice liability. All providers, including physical therapists and physical therapist assistants, should be granted the increased authority Secretary Azar recommends, and insurers must be required to cover telehealth services, especially considering that the delivery of physical therapist services via telehealth has been proven to be safe, effective, and widely implemented in various health care systems. Accordingly, we ask CMS to implement the same measures Secretary Azar has requested states implement, so that the Medicare program can remain in step with the commercial health insurance market’s rapidly expanding telehealth coverage.

Beneficiaries should not be forced to choose between compromising their health by forgoing care or compromising their health by exposing themselves to unnecessary risk of COVID-19. It is critical that patients have the ability to receive care at home to avoid placing themselves at greater risk of the virus. While we must address the crisis, we must also ensure the continued delivery of health care unrelated to COVID-19. Therapy interventions, accessed early and without administrative barriers, are safe and decrease downstream health care resource utilization.¹

Physical therapists can use telehealth as a supplement to in-person therapy to treat a variety of conditions prevalent in the Medicare population, including Alzheimer’s disease, arthritis, cognitive/neurological/vestibular disorders, multiple sclerosis, musculoskeletal conditions, Parkinson disease, pelvic floor dysfunction, and sarcopenia.

Examples of physical therapists using telehealth technologies include the following:

- Physical therapists use telehealth to provide quicker screening, assessment, and referrals that improve care coordination.
- Physical therapists provide interventions using telehealth by observing how patients move and perform exercises and activities. Physical therapists then provide verbal and visual instructions and cues to modify how patients perform various activities. They also may change the environment to encourage more optimal outcomes.
- Physical therapists provide consultative services by working with other physical therapists, physical therapist assistants, and other health care providers to share expertise in specific movement-related activities to optimize the patient’s participation.
- Physical therapists use telehealth for quick check-ins with established patients, for which a full in-person visit may not be necessary.

Outpatient Case Scenario:
67-year-old male experienced a bicycle/vehicle accident resulting in left lower extremity injuries:

- Grade II open tibia fracture
- Fracture of medial femoral condyle
- Anterior and posterior cruciate ligament tears
- Grade II to III medial collateral ligament tear
- Surgical intervention at Alaska Native Medical Center in Anchorage

- **Intervention:** 10 days of daily "hands on" therapeutic exercise, gait training, and functional training; ensure adherence with bracing and non-weight bearing activities.

- **Discharged home to be followed up with weekly telehealth physical therapist sessions:**
  - Each telehealth physical therapist session was 30-45 minutes. During the sessions, the physical therapist and patient used interactive live video. The therapist had the patient perform exercises and delivered instructions on how the patient should modify and progress. The patient’s gait was observed, and verbal cues were made to improve gait pattern. The patient’s home exercises were modified and advanced.

- **Patient’s status after 6 weeks of telehealth furnished by the physical therapist:** Full weight-bearing, functional lower extremity strength and range of motion, able to ascend/descend stairs, walk on uneven terrain, and ride a bike.

In light of COVID-19, even prior to the issuance of such guidance, numerous states have already mandated coverage of physical therapy by the plans regulated by such states, with more states expanding coverage each day; we also are seeing additional states offering guidance on physical therapy practitioners using telehealth during the current crisis. While states continue to take monumental steps to ensuring that individuals continue to have access to health care, it is critical that **CMS take additional action to relax the regulations governing Medicare coverage of telehealth furnished by physical therapists and physical therapist assistants under the 1135 waiver authority granted to it by Congress in the CARES Act signed into law on March 27, 2020.**
Physical therapists often describe telehealth as a “game changer” that provides access to their services in remote, particularly rural, areas. Telehealth improves access to physical therapy for patients who have mobility issues. Telehealth is also a great way to get specialists and subspecialists into communities that would otherwise lack access. Telehealth has been shown to improve access to care for rural populations, as well as outcomes for a variety of health problems, including PTSD, chronic pain, stroke recovery, and joint replacement.

The U.S. Department of Veterans Affairs (VA) has shown numerous successful outcomes for telehealth, improving access to medical specialists for veterans who visit community outpatient clinics far removed from the nearest VA Medical Center. The VA found telehealth yielded significant per-patient cost savings over traditional methods of care delivery. Improved outcomes can lead to long-term cost savings. Proper application of telerehabilitation can have a dramatic impact on improving care by reducing negative consequences and costs of care and ensuring access to specialized care in geographic areas that face difficulties in maintaining and staffing full-service hospitals.

While rehabilitative services furnished via telehealth would not replace traditional clinical care, telehealth is a valuable resource for physical therapists and physical therapist assistants in expanding their reach to meet the needs of patients when and where those needs arise, particularly in light of the COVID-19 pandemic. **Medicare beneficiaries would benefit from lifting many of the current restrictions on telehealth services, including who can provide telehealth.** Not only will modifying current payment policy and expanding coverage to include the delivery of telehealth by physical therapy practitioners be a boon to beneficiaries during this health care crisis, but it also will lead to reduced health care expenditures, increased patient access to care, and improved management of chronic disease and quality of life.

**APTA urges CMS to quickly broaden access to Medicare telehealth services under 1135(b)(8) waiver authority, amended by Section 3703 of the CARES Act, so that beneficiaries can receive medically necessary telehealth physical therapy services furnished by physical therapists and physical therapist assistants.** If you would like additional information, please contact Kara Gainer, director of regulatory affairs, at karagainer@apta.org. Thank you for your consideration of APTA’s request.

Sincerely,

Sharon L. Dunn, PT, PhD
Board-Certified Clinical Specialist in Orthopaedic Physical Therapy
President

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2 [https://www.research.va.gov/topics/healthcare_delivery.cfm](https://www.research.va.gov/topics/healthcare_delivery.cfm).