DATE

Capitol Bridge, LLC

National Correct Coding Initiative Contractor

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*Submitted electronically:* *NCCIPTPMUE@cms.hhs.gov*

To Whom It May Concern:

As a member of the American Physical Therapy Association, I am writing to express my deep concern regarding proposed NCCI PTP edits that become effective January 1, 2020. Physical therapists play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability by serving as a dynamic bridge between health and health services delivery for individuals across the age span. While physical therapists are experts in rehabilitation and habilitation, they also have the expertise and the opportunity to help individuals improve overall health and prevent the need for avoidable health care services. Physical therapists’ roles may include education, direct intervention, research, advocacy, and collaborative consultation. These roles are essential to the profession’s vision of transforming society by optimizing movement to improve the human experience.

CMS developed the NCCI to prevent inappropriate payment of services that should not be reported together. One function of NCCI PTP edits is to prevent payment for codes that report overlapping services except in those instances where the services are separate and distinct.

Physical therapists currently are challenged in the appropriate delivery of care by three existing problematic edits. The American Physical Therapy Association has requested reconsideration of these edits in order to ensure that patients are able to receive necessary services during a single treatment session.

97530 97116 Mutually Exclusive

97530 97113 Mutually Exclusive

97140 97530 Mutually Exclusive

In addition to the above edits, the January 1, 2020, NCCI PTP edit file includes new edits that will further limit appropriate care and are inconsistent with the edit model:

CPT codes 97150 and 97530 are now listed as a column one code with all of the physical therapy and occupational therapy evaluation and reevaluation codes (97161-97168) and are not permitted to be billed on the same day as a physical or occupational therapy evaluation.

Additionally, there is a new edit requiring a modifier 59 for CPT 97140 when billed with a physical therapy or occupational therapy evaluation.

The above edits conflict with current CMS policy. As stated in Chapter 15 of the Medicare Benefit Policy Manual, “The evaluation and treatment may occur and are both billable either on the same day or at subsequent visits. It is appropriate that treatment begins when a plan is established.”

Standard physical therapist practice includes the initiation of care on the same day as an evaluation and the provision of care on the same day as a reevaluation whenever possible. Physical therapists identify the issues or conditions requiring treatment during the examination/evaluation and work to implement treatment at the same time. Given the very limited number of physical therapy sessions available to a patient, each visit with a physical therapist must be maximized to ensure that the patient has the best opportunity for recovery. Patients who present with pain, fall risk, mobility issues, challenges performing activities of daily living, or the inability to execute their employment-related tasks require immediate intervention. Any delays in care can negatively impact the ultimate outcome of care.

The edits identified in the new edit tables restrict access to care and ultimately reduce the opportunity for patients to achieve the best outcomes. What’s more, there is no indication from CMS, practitioners, or patients that the absence of these edits has led to the misappropriation of care and/or undue reimbursement.





I have significant concerns that the new edits fail to align with the current practice of care and will cause undue hardship on Medicare providers and beneficiaries. In an effort to limit the administrative and financial burden on Medicare beneficiaries as well as on Medicare providers, and to better support the effective and efficient treatment of a patient’s condition, avoid delay of a meaningful intervention, and prevent the need for an otherwise unnecessary follow-up visit, I strongly recommend that Capitol Bridge, LLC and CMS remove the proposed edits described above.

Sincerely,

NAME

TITLE