Take Action: Provide Comments to CMS re: Proposed Application of CQ and CO Modifiers.

CMS released the 2020 Physician Fee Schedule proposed rule on July 29, 2019. After reviewing the proposed policy, APTA has serious concerns.

It is APTA’s opinion that the proposed application of the CQ and CO modifiers (when services are furnished in whole or in part by a PTA or OTA, as outlined in the 2020 rule) is inherently complex, and fundamentally flawed and would result in drastic underpayments for outpatient therapy services beginning in 2022—severely restricting beneficiary access to vital therapy services, particularly in rural and underserved areas. APTA fears that there is a strong likelihood that this policy, if finalized as proposed, will create an access issue for Medicare beneficiaries.

APTA is asking HPA The Catalyst members to advocate against the current proposal and offer recommendations on how CMS should improve the policy.

APTA will be making available a template comment letter to respond to the proposed rule on the Regulatory Issues: Take Action webpage by mid-August. Please use the template to provide your comments to CMS. Please note that although the comment deadline is not until September 27, it is critical that CMS receive a mass set of comments early, i.e., before Labor Day, in order to afford them adequate time to review the comments and make revisions to the policy.

Background of this policy:

Under the Bipartisan Budget Act of 2018 Section 53107, beginning on January 1, 2020, outpatient therapy providers are required to use a modifier to denote when outpatient therapy services are furnished in whole or in part by a PTA or OTA. In 2022, payment for outpatient therapy services furnished in whole or in part by a PTA or OTA will be reimbursed at 85% of the fee schedule. The reduced payment rate is applicable when payment is made under the PFS to therapists in private practice, outpatient hospitals, rehab agencies, SNFs, HHAs, and CORFs). In the 2019 PFS final rule, CMS clarified that the CQ and CO modifiers are required to be used when applicable for services furnished on or after January 1, 2020, on the claim line of the service alongside the respective GP or GO therapy modifier to identify services furnished under a physical therapy or occupational therapy plan of care. CMS also finalized a de minimis standard under which a service is considered to be furnished in whole or in part by a PTA or OTA when more than 10% of the service is furnished by the PTA or OTA. CMS also noted they would be putting forth more guidance in the 2020 PFS rule.