

December 7, 2010

Donald Berwick, M.D.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building, Room 310-G
200 Independence Avenue, SW
Washington, Dc 20201

Dear Dr. Berwick:

We are writing on behalf of the American Occupational Therapy Association (AOTA) and the American Physical Therapy Association (APTA) to raise our continuing concerns regarding implementation of the final Medicare Physician Fee Schedule rule for 2011, released by the Centers for Medicare & Medicaid Services (CMS) on November 3, 2010. In the final rule CMS continues to apply the Multiple Procedure Payment Reduction (MPPR) policy for outpatient therapy services without regard to the separate and distinct disciplines of occupational therapy, physical therapy and speech-language pathology services for the purposes of Medicare Fee Schedule.

Occupational therapy and physical therapy are distinct Medicare benefits listed separately in Medicare statute (Section 1861 of Social Security Act) and defined separately in the Code of Federal Regulations (Title 42, Chapter IV, Part 41). Occupational therapy, physical therapy and speech-language-pathology services also have separate and distinct guidance in the Medicare policy manual requiring independent plans of care for each service. Applying the MPPR policy without separation of the disciplines diminishes the unique nature of each benefit and can negatively impact beneficiary access to coordinated, clinically appropriate care.

Consequences of MPPR implementation across disciplines may lead to changes in service delivery patterns that may not be clinically appropriate. Patients, particularly in rural areas or patients with significant diseases or illnesses will be most severely impacted by not obtaining appropriate services on a single day. Patient considerations and care coordination must be considered by CMS when deciding to implement the MPPR policy without distinguishing between the disciplines.

CMS has the authority to apply the MPPR policy separately to each discipline when more than one skilled therapy is provided to a single patient on a single day by a single provider entity. Basing payment for one unique benefit upon beneficiary access to another benefit runs counter to Medicare law and is an unfair payment policy. MPPR

savings will still be achieved when the policy is applied separately to each discipline.

CMS already tracks codes and payments according to discipline specific modifiers and revenue codes so that separating the disciplines should not be an administrative challenge. In addition, CMS has demonstrated the ability to separate payments for occupational therapy from physical therapy and speech-language pathology services in implementation of the Medicare Part B outpatient therapy cap and the therapy cap exceptions process. The statutory reasons for implementing the therapy cap separately should clearly guide the manner in which CMS applies the MPPR policy to occupational therapy and physical therapy and speech-language pathology services.

AOTA and APTA believe that this issue of separation of the unique statutorily defined disciplines is critical to the development of consistent policy related to access to and payment for these distinct services. We are eager to work with you to see that the MPPR policy is applied as appropriately as possible and does not unnecessarily impact patient care or reduce care coordination.

Signed,



Florence Clark, PhD, OTR/L FAOTA
President
American Occupational Therapy Association



Scott Ward, PT, PhD
President
American Physical Therapy Association

CC:

Marilyn Tavenner, Principal Deputy and Chief Operating Officer, Centers for Medicare & Medicaid Services
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