

## Eli's Rehab Report

### Outpatient Outlook: Know the Physician Fee Schedule Changes That Affect You

#### CMS' 'misvalued codes' list hits rehab hard this time around.

The Medicare Physician Fee Schedule Final Rule brought therapists an early holiday package of both good cheer and bah-humbugs.

**The good news:** For the first time in a long while, Congress won't be scrambling at the end of the year to renew an expired therapy cap exceptions process or fix a plummeting conversion factor. Thanks to the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), the flawed SGR was scrapped, and payments are set to increase at 0.5 percent through 2017. In addition, the therapy caps increased by \$1960, and the exceptions process is good through the end of 2017.

**The bad news:** That 0.5 percent payment increase may not see the light of day for many healthcare practitioners, thanks to the **Centers for Medicare & Medicaid Services'** (CMS) latest "misvalued code" list.

#### Rehab Codes on the Cutting Board

CMS is required to identify potentially misvalued CPT® codes and adjust their values accordingly. This initiative, which got extra fuel in earlier 2015 legislation, "is going to put downward pressure on a lot of specialties," says **Tim Nanof, MSW**, director of health care policy and advocacy for the **American Speech-Language Hearing Association (ASHA)**.

So far, more than 100 codes have been flagged across all specialties, and other codes could still be identified as the process moves forward.

In the 2015 Physician Fee Schedule Rule, CMS listed as a misvalued code, 31579 (video stroboscopy), which would affect speech-language pathologists. In addition, ten physical medicine and rehab CPT® codes were flagged for a downward adjustment:

- 97032 (electrical stimulation)
- 97035 (ultrasound)
- 97110 (therapeutic exercises)
- 97112 (neuromuscular reeducation)
- 97113 (aquatic therapy)
- 97116 (gait training)
- 97140 (manual therapy)
- 97530 (therapeutic exercises)
- 97535 (self-care management training)
- G0283 (electrical stimulation other than wound).

**Still waiting:** No one knows yet exactly how much CMS wants to reduce these code values, clarifies **Roshunda Drummond-Dye, JD**, director of regulatory affairs for the **American Physical Therapy Association (APTA)**. "At this time, the physical therapy codes have only been identified as potentially misvalued."

The **American Medical Association's Relative Update Committee** (RUC) is in the process of advising CMS on which codes will be on the final list for cuts.

Of course, rehab advocates hope that CMS' final decision is appropriate and fair, since these physical medicine codes are

the bread and butter of most rehab practices.

### **PQRS Front Remains Quiet**

While PQRS participation will continue to remain critical to avoid payment penalties, there were very few, if any, new measures for rehab this year. PTs and OTs saw no new PQRS measures, according to Dye.

As for SLPs, "there was no substantive change to PQRS for SLP or Audiology in the rule, except for a new smoking cessation/tobacco use screen," Nanof says. "We, of course, were following anything related to developing clinical registries, which ASHA is interested in for the professions."

**Don't miss:** As part of the SGR fix, CMS finalized the Merit-Based Incentive Payment System (MIPS). "APTA is very concerned about the exclusion of PTs from this system beginning in 2017 as PQRS will also phase out at this time," Drummond-Dye points out. "Therefore, we have urged CMS to address how it plans to engage providers excluded from MIPS, like physical therapists, in quality reporting and performance based payment from 2017 and beyond."