

**(Suggested Letter to CMS Requesting PTs and OTs be Added as Telehealth Practitioners)**

**Subject: Expanding Medicare Beneficiary Access to Telerehabilitation During COVID-19 Pandemic**

Dear Administrator Verma:

I respectfully request that the U.S. Department of Health and Human Services and the Centers for Medicare & Medicaid Services 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) to **expand the types of providers eligible to furnish telehealth services under Medicare to include physical therapists and occupational therapists during the COVID-19 public health emergency.**

**Not only is it critical for Medicare beneficiaries to have the ability to receive care at home, many hospitals are being forced to shut outpatient clinics and deploy clinicians to assist in other areas impacted by the increase in patients who have tested positive for COVID-19.** Beneficiaries should not be forced to choose between compromising their health by forgoing services or being denied the ability to receive adequate evaluations needed to determine the complex rehab technology (CRT) necessary to meet their medical needs. I believe the delivery of physical therapy and occupational therapy services via telehealth has been proven to be safe, effective, and widely implemented beyond the Medicare system and allowing this within the Medicare program would be a significant step in protecting consumer safety and improved clinical outcomes.

Although CMS announced that certain physical therapy and occupational therapy service codes were added to telehealth services as part of CMS-1744-IFC, these changes do not solve the problem. While the IFC added certain CPT codes to telehealth services, it's basically meaningless as licensed physical therapists and occupational therapists are not being allowed to provide telehealth services. If CMS is excluding the clinicians who provide 90% of the services (per the IFC), this action fails to address the concerns around continued access. **Physical therapists and occupational therapists need to be added to the list of distant-site practitioners allowed to provide services through telehealth.**

Under the current 1135 Waiver PTs and OTs are allowed to make e-visits (phone calls only) for *established patients* using appropriate G Codes for billing. While this may be useful in certain situations, CMS needs to allow billing for these codes for new patients as well as established ones. However, e-visits are not adequate to meet the needs of those who require more comprehensive evaluations, especially those needing CRT (Complex Rehab Technology) evaluations and follow-ups. Being unable to *see (at minimum through video)* the patients and their needs significantly limits the ability to make proper recommendations for CRT. Please note some state Medicaid programs and commercial payers permit this today.

In addition, an important CPT therapy code needs to be added to those announced as available through telehealth. **CPT 97542- Wheelchair management (e.g., assessment, fitting, training) must be added to allow the completion of Complex Rehab wheelchair/seating evaluations for Medicare beneficiaries with significant disabilities.** Without being able to use this code under telehealth, more complex beneficiaries may not have access to the Complex Rehab wheelchairs and seating they require to manage their respiratory and skin

injury risks or may be at risk that less than appropriate equipment will be provided and the beneficiaries coverage for this technology will not be available again for 5 years. CPT code 97542 is primarily used to bill for assessment of CRT needs and reserves the use of the remaining evaluation codes for other needs.

Physical therapists and occupational 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, as well as spinal cord injury, traumatic head injury and other congenital and acquired neurological conditions that cause long term disability.

Examples of PTs and OTs using telehealth technologies include the following:

- Physical therapists and Occupational Therapists use telehealth to provide quicker screening, assessment, and referrals that improve care coordination.
- Physical therapists and Occupational Therapists provide interventions using telehealth by observing how the patient moves and performs exercises and activities. They then provide verbal and visual instructions and cues to modify how the patient performs various activities. They also may change the environment to encourage more optimal outcomes.
- Additionally, Physical Therapists and Occupational Therapists provide consultative services by working with other physical therapists/occupational therapists and other health care providers to share expertise in specific movement-related activities to optimize the patient's participation.
- Physical Therapists and Occupational Therapists use telehealth for quick check-ins with established patients, where a full in-person visit may not be necessary.
- Physical Therapists and Occupational Therapists can assess a person's mobility equipment and ensure safe mobility in their home during this crisis since most are on "stay at home" or "shelter in place" recommendations or orders. This will allow especially those who use Complex Rehab Technology Wheelchairs to stay out of bed and prevent secondary medical complications of bed sores, bowel/bladder issues and skeletal deformities and pain. This can be done with a skilled supplier to meet these needs in this current crisis.

While HHS, CMS and states continue to take monumental steps to ensuring that individuals continue to have access to health care, it is critical that **HHS and CMS take additional action to relax the regulations governing Medicare coverage of telehealth furnished by physical therapists and occupational therapists under the 1135 waiver authority granted to it by Congress in the CARES Act signed into law on March 27, 2020.**

While rehabilitative services furnished via telehealth would not replace traditional clinical care, telehealth would be a valuable resource for PTs and OTs 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 and where these services can take place.** Such reforms would provide greater flexibility to providers and patients and increase access to care, especially to those living in rural or medically underserved areas or individuals living with impaired mobility. Not only will modifying current payment policy and expanding coverage to include the delivery of telehealth by PTs and OTs 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, particularly in rural and underserved areas. Patient geography no longer would be a barrier to receiving timely, appropriate, medical care. It will also prevent the backlog of much needed care that will result after the COVID 19 crisis subsides and in-person services are safe to resume.

**Accordingly, I urge CMS to quickly broaden coverage of Medicare telehealth services under its 1135 Waiver authority to allow physical therapists and occupational therapists to provide telehealth and to add CPT Code 97542- Wheelchair Management so that beneficiaries can receive needed health care services from physical therapists and occupational therapists.**

Thank you for your consideration.

Sincerely,

**Name**  
**Credentials**  
**City and State**