

APTA Template Letter: Provider to Payer to Request Reconsideration of the Policy to Impose the Multiple Procedure Payment Reduction

This template is to be used by the physical therapist to illustrate the adverse impact of MPPR and to request that the payer not implement the policy.

Insert the applicable information in brackets and create a letter to mail or email to the appropriate payer or agency.

REMINDER: Delete the header, these instructions, and any other bracketed language below prior to submitting your letter.

[DATE]

[NAME/TITLE OF ADDRESSEE]

[INSURER NAME]

[ADDRESS]

Attn: [FIRST/LAST NAME]

Re: [HEALTH PLAN] MPPR

Dear [TITLE/LAST NAME]:

On [DATE], [HEALTH PLAN] is implementing a policy to apply multiple procedure payment reduction — MPPR — to payment for therapy services. This change impedes my ability to deliver evidence-based, medically appropriate care grounded in sound clinical judgment to [HEALTH PLAN] enrollees and will result in underpayments for therapy services, which could jeopardize patient access. Paying physical therapist less means more PTs will be unable to afford to stay in business, leaving fewer available providers. Please accept this letter as a request for [HEALTH PLAN] to consider rescinding this policy change.

Background

The American Physical Therapy Association has opposed the MPPR policy since CMS started applying it to "always therapy" services in 2011. The association continues to assert that it is a flawed policy, because the practice expense values for physical medicine CPT codes already have been reduced to avoid duplication during the valuation process. In fact, CMS forced time spent on pre-service and post-service activities to be spread across three units of services based on the assessment that the typical therapy visit is approximately 45 minutes. Certain efficiencies that occur when multiple therapy services are provided in a single session were explicitly considered when relative values were established for these codes by CPT. This makes CMS' MPPR policy arbitrary. It also restricts patient access to vital physical therapy services.

[EXPLAIN IN NARRATIVE FORMAT SPECIFICS ABOUT YOUR PRACTICE AND HOW THIS PAYMENT POLICY WILL ADVERSELY IMPACT YOUR PATIENT POPULATION AND FINANCIAL STABILITY. AS PART OF THIS NARRATIVE, INCLUDE OBJECTIVE INFORMATION SUCH AS SURVEY RESULTS, PATIENT STORIES, AND CUTS IN DOLLARS THE POLICY WILL CREATE.]

Based on the information provided, I look forward to your reevaluation of the MPPR implementation.

Thank you for your consideration.

Respectfully submitted,

[NAME/TITLE]

[ADDRESS]

[TELEPHONE]

[EMAIL]

Enclosures:

[LIST ANY ENCLOSURES YOU ARE INCLUDING. IF THERE ARE NO ENCLOSURES, DELETE THIS SECTION.]