

## **The PTA Differential: An Ongoing Effort**

Since summer 2018 APTA has held numerous discussions with CMS, seeking to ensure that the agency interprets the PTA modifier/payment differential in such a way as to minimize to the greatest extent possible the policy's impact on patients and providers. Throughout this period, the association has aggressively advocated for an exemption for rural and underserved areas.

Responding to feedback from APTA and other stakeholders on the 2019 Physician Fee Schedule (PFS) proposed rule, CMS revised its proposed definition of a service that is furnished in whole or in part by a PTA or an OTA — which had been a service for which any minute of a therapeutic service is furnished by a PTA or OTA. Instead, in the 2019 PFS final rule, CMS defined a de minimis standard for “in whole or in part” as being more than 10% of a service furnished by the PTA or OTA.

CMS provided only limited detail in the 2019 PFS final rule and stated that it would address application of the therapist assistant modifiers — and, specifically, application of the 10% standard for different scenarios and types of services — in the 2020 PFS proposed rule.

On July 29, 2019, CMS released the 2020 PFS proposed rule. APTA and other stakeholders had serious concerns about CMS' proposed application of the de minimis standard to services furnished by the PTA. The association launched a substantial regulatory and legislative advocacy effort in opposition to this proposal. The collective advocacy resulted in CMS changing how it applies the 10% standard to services furnished by the PTA, as outlined in the 2020 PFS final rule that was released on November 1, 2019.