



# Center for Advancement of Value in Musculoskeletal Care

HOSPITAL FOR SPECIAL SURGERY

September 06, 2022

The Honorable Chiquita Brooks-LaSure  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1770-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

Submitted electronically at <http://www.regulations.gov>.

RE: CMS-1770-P

Response to Medicare and Medicaid Programs: CY 2023 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Provider Enrollment Regulation Updates; Provider and Supplier Prepayment and Post-payment Medical Review Requirements.

Dear Administrator Brooks-LaSure,

We are pleased to have the opportunity to comment on CMS proposed rule CMS-1770-P. Our institution, Hospital for Special Surgery (HSS) is the world's leading academic medical center focused on musculoskeletal health and the oldest orthopedic hospital in the United States. HSS has been ranked number 1 for orthopedics for 13 consecutive years by U.S. News & World Report and has been among the top-ranked hospitals for both orthopedics and rheumatology for 30 consecutive years. Our comments are focused on the continuation of Medicare telehealth flexibilities through the end of 2023 as well as the transition of physical therapy services from being covered as telehealth services temporarily during the current public health emergency to being a permanent addition to the Medicare telehealth services list.

In 2018, HSS launched a post-acute telehealth program, HSS@Home, in response to CMS's Comprehensive Care for Joint Replacement program. The program grew rapidly, with over 1,400 tele PT visits performed in 2019 compared to 54 visits in 2018. HSS successfully transitioned a significant amount of care to telehealth during the COVID-19 pandemic. Since March of 2020, 35% of all visits provided were tele-PT with 62,000 tele PT visits, compared with 114,000 in person visits.

During the six weeks following total hip (THA) or total knee arthroplasty (TKA), patients undergo 'post-acute' PT which has traditionally been delivered either in-home or at an ambulatory therapy center. HSS@Home is a post-acute care tele-PT program for THA and TKA designed to be used in lieu of in-person care (1). Based on our experience with this tele-physical therapy program, we are pleased to demonstrate that these services (Table 1) meet CMS categories 1 and/or 2 criteria for permanent addition to the Medicare telehealth services list as follows:

**Category 1:**

The proposed rule states that CMS has "determined that [physical therapy] services did not meet the category 1 criteria for addition to the Medicare telehealth services because they are therapeutic in nature and in many instances involve direct physical contact between the practitioner and the patient." This broad statement seems to reference the codes listed in Table 1. Based on our experience, a subset of these codes for physical therapy (codes 97161-97164) are evaluative and do not require direct physical contact. Physical therapy evaluation can be performed safely and effectively via real-time two-way video conferencing.

**Category 2:**

Evaluation of HSS@Home has demonstrated that patients treated with telehealth-based post-acute rehabilitation had statistically indistinguishable rates of 90-day ER-visits, readmissions, and complications compared to home health after THA and TKA (2). An analysis of patients who underwent TKA demonstrated similar patient-reported outcomes and complication rates including manipulation under anesthesia, and when compared to conventional PT patients, suggesting that telerehab is an equally effective alternative to conventional physical therapy (3). For these reasons, codes 97110, 97112, 97116, and 97150 should be moved from category 3 to category 2. We strongly encourage CMS to move codes 97161-97164 to category 1 and codes 97110, 97112, 97116 and 97150 to category 2.

**Timeframe for Continuation of Medicare Telehealth Flexibilities:**

Additionally, in the CY 2022 final rule, CMS stated that the specific category 3 therapy services listed would remain on the Medicare telehealth services list through the end of 2023 with the potential to reconsider recategorizing these services or extending the timeframe of specific category 3 services remaining on the list during the CY 2024 rulemaking process. We believe there is already enough evidence to move the therapy codes mentioned above into categories 1 or 2, but if CMS proceeds with the proposal to keep these services in category 3 while they are evaluated for appropriateness to be permanently included on the Medicare telehealth list, we recommend an additional year of review to ensure CMS is able to collect all necessary data and patients are not prematurely cut off from vital care. We appreciate your consideration of our comments and are happy to provide clarification. For any questions regarding the HSS experience please contact me directly at (212) 606-1230 or [maclean@hss.edu](mailto:maclean@hss.edu).

Best regards,

Catherine MacLean, MD, PhD  
Chief Value Medical Officer

## References

1. MacLean CH, Titmuss M, Lee J, Russell L, Padgett DE. The clinical, operational and financial components of a successful bundled payment program for lower extremity total joint replacement. In press for *NEJM Catalyst Innovations in Care Delivery*.
2. Fontana MA, So M, Titmuss M, Biehl E, Fisher C, MacLean CH. Telehealth Versus Home Health Post-Acute Physical Therapy after Total Joint Arthroplasty. *Under review*.
3. LeBrun DG, Martino B, Krell EC, Biehl E, Fisher CM, Zhang Y, Do H, Chiu YF, Gonzalez Della Valle A, Ast MP. Telerehabilitation is non-inferior to traditional rehab following TKA: A matched cohort study. Poster presentation at: American Association of Hip & Knee Surgeons Annual Meeting. Dallas, TX, USA. November 2021.

Table 1. Codes for physical therapy services proposed to be included in CMS telehealth services list.

Service Type	HCPCS	Long Descriptor
Therapy Procedures	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
	97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
	97150	Therapeutic procedure(s), group (2 or more individuals)
Physical Therapy Evaluations	97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.
	97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
	97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
	97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.

Table 1. Patient satisfaction, functional outcomes, utilization and cost for HSS@Home tele-physical therapy versus in-person tele-physical therapy.

