



March 17, 2026

The Honorable Mike Crapo
Chairman
Committee on Finance
United States Senate
239 Dirksen Senate Office Bldg.
Washington, DC, 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
221 Dirksen Senate Office Bldg.
Washington, DC, 20510

Dear Chairman Crapo and Ranking Member Wyden,

The undersigned organizations urge Congress to repeal the outdated and flawed policy known as the Multiple Procedure Payment Reduction Policy, or MPPR, as part of any reforms to the Medicare Physician Fee Schedule.

Our organizations have opposed MPPR since it was first implemented in 2011. This obsolete policy—originally enacted as a short-term “pay for” by Congress more than 15 years ago—applies to physical therapy, PT, occupational therapy, OT, and speech-language pathology, SLP, services provided under Medicare Part B. These are three distinct professions recognized in the Medicare statute and governed by distinct scopes of practice under state licensure. Under MPPR, when an office-based therapist or facility-based provider bills more than one “always therapy” service, identified by CPT code, on the same day for the same patient, all therapy services beyond the first service unit are subject to a 50% reduction in the practice expense portion, including subsequent units of the same service and any additional service codes billed.

The practice expense portion accounts for approximately 45% of a CPT code’s value. The reduction percentage applied under MPPR was arbitrarily decided by the 112th Congress and does not reflect actual utilization data, such as how many units of a therapy service are typically delivered during a treatment session or which practice expense inputs might truly be duplicative. Further, the MPPR policy does not recognize that OT, PT, and SLP interventions are separate and distinct from one another.

For example, MPPR edits also inappropriately apply across the OT, PT, and SLP therapy disciplines delivered on the same date of service, regardless of the distinct services and supplies provided to the patient in separate discipline-specific sessions. While the first therapy discipline would receive payment under MPPR at 100% for the first unit and 50% of the practice expense for all other units, a second or third discipline delivering entirely separate and distinct services on that date would have all provided service-unit payments arbitrarily reduced. This occurs even though the equipment, clinical staff, and supplies used for one therapy discipline’s session have no overlap with those used for another discipline’s session.

As applied, this MPPR policy penalizes providers, both office-based therapists and facility-based providers, when scheduling complex interventions within one therapy discipline requiring different equipment and supplies for each procedure, and across multiple therapy disciplines on the same date. This disproportionately affects beneficiaries in rural and medically underserved communities, where transportation issues may require multiple therapy services to be delivered on the same day to reduce the need for repeat clinic visits.

At its core, MPPR discourages services that help Medicare beneficiaries remain independent. Rehabilitation services are often delivered through coordinated, interdisciplinary treatment plans designed to restore function, prevent disability, and allow patients to remain independent in their homes and communities. The MPPR policy undermines these goals by discouraging the efficient delivery of multiple therapy disciplines on the same day and creating financial disincentives for coordinated care.

As Medicare increasingly emphasizes value-based care, care coordination, and improved patient outcomes, policies such as MPPR that penalize clinically appropriate rehabilitation services are inconsistent with these objectives. In addition, the combination of the MPPR policy, the recent 15% cut to services provided by therapy assistants, and the 9% cumulative cut to therapy services since 2020 caused by the E&M policy under the Medicare Fee Schedule has made it unsustainable for many providers to keep their clinics open. As a result, beneficiary access to needed care is at risk.

Again, we urge Congress to repeal MPPR as part of any Medicare Physician Fee Schedule reforms to eliminate the disproportionately negative impacts on beneficiaries with complex rehabilitation therapy care needs, particularly those in rural and underserved areas and those requiring services from multiple distinct therapy disciplines on a given day.

Thank you for your consideration.

Sincerely,

ADVION

Alliance for Physical Therapy Quality and Innovation

American Health Care Association/National Center for Assisted Living

American Occupational Therapy Association

American Physical Therapy Association

American Speech-Hearing-Language Association

APTA Private Practice

Athletico

National Association of Rehabilitation Providers and Agencies

Select Medical

cc: Members of the House Committee on Energy and Commerce