

THE COALITION TO PRESERVE PATIENT ACCESS TO PHYSICAL MEDICINE AND REHABILITATION SERVICES

Key Points for the Coalition to Preserve Patient Access to Physical Medicine and Rehabilitation Services November 2005

1. The Centers for Medicare & Medicaid Services (CMS) issued a ruling prohibiting Medicare reimbursement for therapy services provided “incident to” a physician’s office visit by anyone other than a physical therapist, occupational therapist or speech and language pathologist.
 - “Therapy-incident to” services are those services provided by qualified personnel under the supervision of a physician. To date, there has never been any restriction on who can provide these services. The Coalition views the change to who can provide therapy-incident to a policy change since it took CMS seven (7) years to make this correction. CMS has overstepped its authority in making a rule that is unauthorized by congress.
2. The Coalition to Preserve Patient Access to Physical Medicine and Rehabilitation Services believes this ruling adversely impacts patients and restricts its members’ ability to practice and that it is a serious threat to our respective professions. If the new rule remains in effect, it not only eliminates the choice of qualified therapy providers, but also reduces the quality of care and access to health care for the patient. In short, it will contribute to the growing shortage of therapy providers in the U.S. today.
3. The Coalition was created to formally state their opposition to Medicare’s changes to the “therapy-incident to services.” We believe the health and well being of the Medicare beneficiary should be the primary consideration. Prior to this ruling, physicians had the freedom to choose any qualified health care professional to perform therapy services at the physician’s office or clinic. Historically, Medicare laws have recognized the right of the physician to delegate. Now, they do not.

The implications of this ruling is now having a trickle down effect with select commercial insurance providers. Medicare patients who seek “therapy-incident to” services from anyone other than a physical therapist, occupational therapist, or speech/language pathologist may now be denied coverage.

4. The original interpretation of the Balanced Budget Act of 1997 was to clarify “therapy incident-to services” which allowed physicians to choose who would provide these services in their respective offices. The original interpretation was accepted and continued for seven years under the Clinton and Bush’s first administration. Now, CMS has changed that interpretation and set guidelines as to who can specifically provide these services, overriding the physician’s right to choose. The Coalition questions why the original interpretation was in effect for so many years and why it has been changed based on no substantiated evidence.

The Coalition is asking Congress to override CMS’ revised interpretation or to rewrite legislation so that it reflects the original intent of the Balanced Budget Act.