APTA
American Physical Therapy Association

OFFICIAL STATEMENT

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Centers for Medicare and Medicaid Services
Town Hall Meeting:
Medicare Classification Criteria for Inpatient Rehabilitation Facilities
Monday, February 2, 2009
10:00 am – 4:00 pm (Eastern Time)

Oral Testimony of the American Physical Therapy Association

On behalf of the American Physical Therapy Association, I would first like to thank CMS for holding this forum for stakeholders to provide input on the classification criteria policy for inpatient rehabilitation facilities. APTA represent over 70,000 physical therapists, physical therapist assistants, and students of physical therapy.

Physical therapy is an integral component of patient care in the inpatient rehabilitation setting. In IRFs, physical therapists are responsible for providing physical therapy services to patients who have impairments, functional limitations, disabilities, or changes in physical function and health status resulting from injury, disease, or other causes through a plan of care. Physical therapists thoroughly examine a patient which includes evaluation of therapeutic, rehabilitative, and functional status in order to develop a comprehensive plan of care designed to optimize outcomes.

Therefore, APTA is very concerned about the implementation of the classification criteria percentage for inpatient rehabilitation facilities, known as the "75 percent rule" which is currently set at 60 percent. APTA contends that the "75 percent rule" continues to reduce IRF admissions based on outdated, restrictive, and ineffective diagnosis-based criteria. We strongly urge CMS to utilize comprehensive, evidence-based guidelines to ensure that patients are receiving appropriate and needed rehabilitation services.

Although the original eight specified conditions have been expanded over the past 26 years to thirteen conditions, the implementation of this policy still remains archaic and does not take into account the changing needs of IRFs and its patient population. Physical therapists working in rehabilitation facilities often treat patients with complex orthopedic diagnoses, organ transplants, cancer, pain, and cardiopulmonary conditions that are not included in the current specified conditions. Depending upon the complexity of the condition, the rehabilitation hospital is the best setting for the patient to receive the level of intense treatment needed for their condition.

The practice of medicine and rehabilitation, current imaging techniques and the use of modern day pharmaceutical therapy has dramatically changed since the original implementation of the "75 percent rule". Medicare beneficiaries are living longer, and many of them must manage multiple chronic conditions. When an injury and/or surgery is added to a beneficiary's list of pre-existing conditions, intensive rehabilitation is necessary to restore the person to as a high a level of function as possible.

For example, beneficiaries undergoing life-saving organ transplants or procedures for cardiopulmonary ailments that did not exist when these criteria were established are among those who are in the greatest need of the multi-disciplinary services that an IRF provides. It would not be medically prudent or in the best interest of the patient to provide these life-saving interventions, while at the same time failing to provide the necessary post-acute care rehabilitation care so that patients can return to their maximum function levels.

The classification criterion, as currently structured, jeopardizes the care of a significant amount of patients that require treatment in an inpatient rehabilitation facility. While we understand the need to manage treatment and streamline Medicare costs in the inpatient rehabilitation setting, we believe CMS needs to rethink the implementation of the "75 percent rule" and develop a policy that ensures that individual needs are at the center of the decision concerning the Medicare beneficiary's post-acute care.

In closing, APTA is encouraged by the proposed work that will be conducted by RTI. We believe that it is imperative that CMS, on an ongoing basis, review its policy and classification criteria for IRFs to ensure that the IRF Prospective Payment System is current, comprehensive in coverage, and reflects the most recent data regarding patient admissions and treatment in the IRF setting. APTA is more than willing to lend our expertise and resources to RTI and CMS in the development of this report and subsequent policies.

Thank you for your time and consideration.

If you have further questions regarding our comments, please contact Roshunda Drummond-Dye, JD Associate Director, Payment Policy and Advocacy (703) 706-8549 or roshundadrummond-dye@apta.org).