Put Patients Over Paperwork in Physical Therapy

APTQI

Current Medicare regulations impose significant burdens on physical therapists. When patients require physical therapy, restrictive rules require physical therapists (PTs) to navigate a lengthy, cumbersome process to be reimbursed for the medically-necessary treatments they provide.

Physical therapists typically face the following frustrating process when serving Medicare beneficiaries:

1. A patient makes an appointment with the physical therapist. Although Medicare doesn't require a referral for patients to be treated, the overwhelming majority of patients seen in Alliance centers already have a referral from their physicians.
2. The physical therapist creates a specialized plan of care tailored to the patient's medical needs.
3. The plan of care is sent back to the referring physician for approval. If the referring physician does not sign the plan of care within 30 days, the physical therapist does not get reimbursed by Medicare.
4. Physical therapists devote a vast amount of time and resources to follow up with referring physicians who may not understand that they need to sign the plan of care for their patients. Many physicians do not understand why they have to sign off on their patient's care multiple times, mistakenly believing that a referral is sufficient.
5. If the plan of care is not signed by the referring physician in a timely manner, the physical therapist is required by a Medicare Administrative Contractor (MAC) to demonstrate his or her extensive efforts to contact the referring physician. This includes a detailed log of all faxes, phone calls, and certified letters.
6. If the patient leaves the care of the physical therapist before the plan of care is completed, this process must be restarted all over again when he or she returns.

Fortunately, there's an easy regulatory fix.

In line with the goals of CMS' Patients Over Paperwork initiative, it is necessary to update the Physician Fee Schedule (PFS) to require either:

1. a physician referral or
2. a certified plan of care — **but not both**

The regulatory requirements in place now are redundant and undercut the authority of physicians to recommend appropriate care for Medicare beneficiaries. It is time to modernize this administrative burden, restore the role of physician referrals, and ensure Medicare adequately covers the cost of medically-necessary physical therapy.

Medicare: Refine Regulatory Requirements Restricting Delivery of Physical Therapy For Beneficiaries