

Physical Therapy Remains Concern for Medicare

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Senior Writer

WASHINGTON — Physicians should continue to control access to outpatient physical therapy for Medicare beneficiaries, according to the Medicare Payment Advisory Commission.

In a report to Congress, MedPAC recommended that Medicare keep in place its current policy of using physicians as gatekeepers to accessing physical therapy.

Under current law, Medicare beneficiaries must be referred by a physician to receive physical therapy services; the physician must review a written plan of care every 30 days. The Medicare Modernization Act required MedPAC to examine the idea of allowing Medicare beneficiaries to have direct access to these services.

But MedPAC commissioners were reluctant to recommend removing the restrictions because so many Medicare beneficiaries have multiple and chronic health

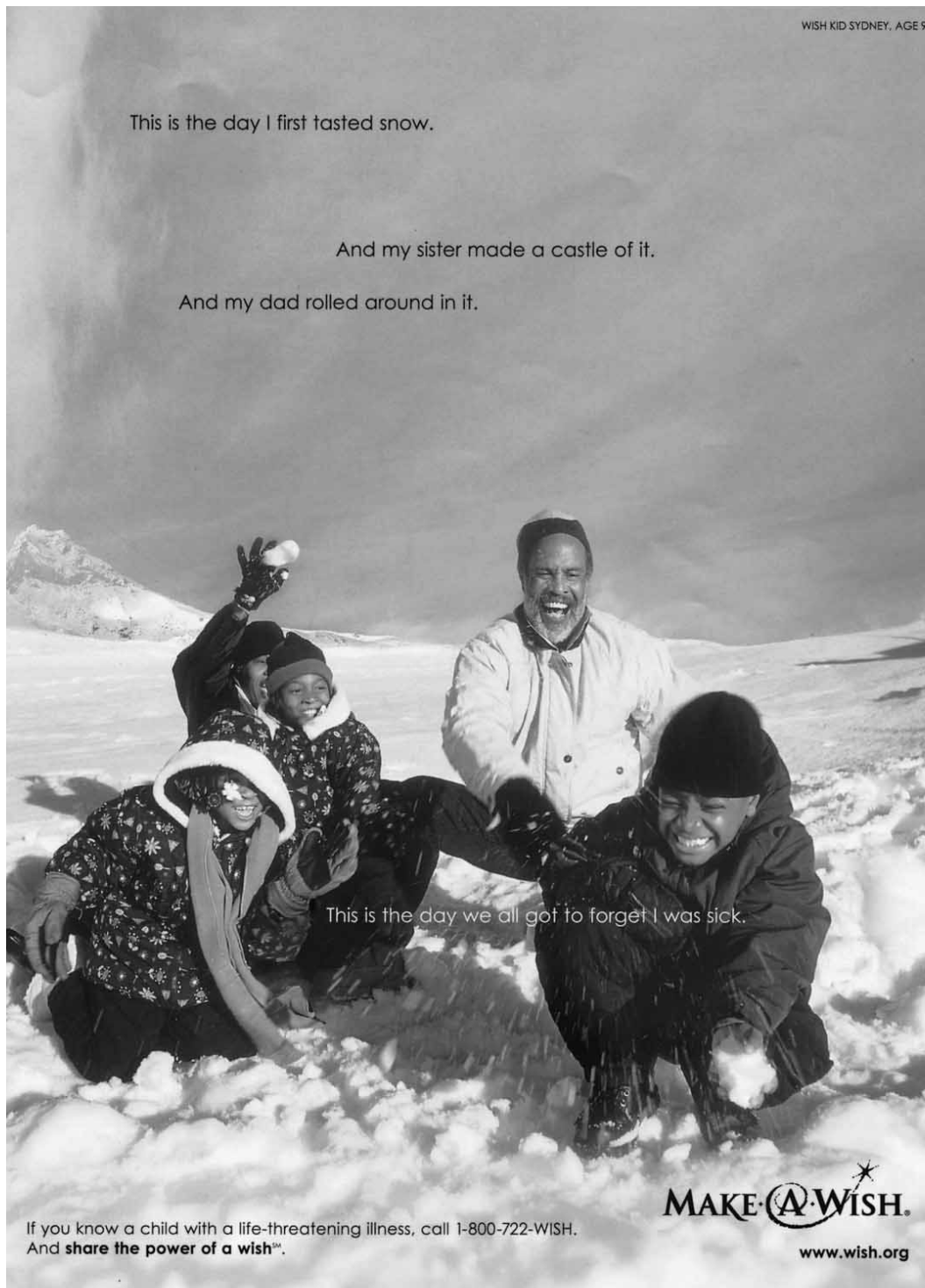
conditions. "Without these physician requirements, the medical appropriateness of starting or continuing physical therapy services would be more uncertain," the MedPAC commissioners said in their report.

And current requirements do not appear to impair access for most beneficiaries. In 2003, 85% of beneficiaries reported no problem getting physical therapy services, commission consultant Carol Carter said at a MedPAC meeting last November. These restrictions are also the only way Medicare

can curb unnecessary use, she said.

But MedPAC recommended that additional steps should be taken to make the current restrictions more effective. For example, there is a need for more provider education about Medicare coverage rules, both for physicians making the referrals and for physical therapists. ■

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