



American Association of Orthopaedic Surgeons

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We Care about Patient Care

Keeping the Physician in the Diagnosis and Protecting Patient Care Oppose H.R. 1333/S. 647 – Medicare Patients Access to Physical Therapists Act

- ❑ Currently, outpatient physical therapy services are covered under Medicare Part B if the patient receives a referral from a physician.
- ❑ The Medicare Patient Access to Physical Therapists Act (H.R. 1333/S. 647) would permit Medicare beneficiaries direct access to physical therapists without first obtaining an evaluation and diagnosis from a physician.

AAOS' Concerns:

- ❑ Often patients present themselves with one symptom. A simple muscular ache or joint pain may be symptomatic of a more serious condition, such as a tumor or renal failure. Physicians are trained to identify these underlying conditions and are in the best position to determine appropriate treatment.
- ❑ Physical therapists are not trained to provide the same degree of evaluative services as physicians and should not be the first point of contact in the initial diagnosis of a patient. In addition, Medicare prohibits the use of many key evaluative tests by physical therapists.
- ❑ Patient quality and care is best served by maintaining current Medicare law – this protects the patient and ensures that the appropriate treatment is given at the right time. Allowing unlimited direct access under Medicare eliminates the crucial physician element of the treatment process.

State Law:

- ❑ While groups supporting direct access for physical therapists contend that the vast majority of states allow direct access, a closer evaluation of state laws shows that this is not entirely accurate. States address this issue in different ways:
 - Three states allow no direct access (AL, IN, OH).
 - Twelve States allow direct access for evaluations only (CT, GA, HI, KS, LA, MI, MS, MO, NJ, NY, OK, WY).
 - Thirty-three states allow some degree of direct access only if certain conditions are met (AK, AZ, AR, CA, CO, DE, FL, ID, IL, IA, KY, ME, MD, MA, MN, MT, NE, NV, NH, NM, NC, ND, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI).
 - Only two states (SD, VT) have no restrictions on direct access (by omission).
- ❑ Even in states that allow some degree of direct access, the vast majority of private insurance plans do not cover physical therapy services unless a patient obtains a physician's referral. H.R. 1333/S. 647 would allow a blanket policy of direct access under Medicare, which is not allowed under most private insurance plans and by most states.

Oppose H.R. 1333/S. 647 – Protect Patient Care!

For additional information, please contact Kristin Elder, AAOS Washington Office, at (202) 546-4430.



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MedPAC Recommends AGAINST Direct Access

The Medicare Payment Advisory Commission's (MedPAC) December 2004 Report to Congress, which expresses many of AAOS' concerns and recommends **against** eliminating the current referral requirement, specifically found that:

- ❑ The current system of requiring a physician referral ensures that physical therapy services are medically appropriate and necessary.

Allowing direct access to physical therapists under Medicare takes physicians out of the diagnosis process when, in fact, it is the physicians that are best trained and equipped to provide the thorough diagnosis that patients need and deserve.

- ❑ Access to physical therapy services for most beneficiaries is not impaired by the current requirement. A 2003 survey found that 85 percent of Medicare beneficiaries reported having no problems getting access to therapy services with only six percent reporting significant problems. MedPAC concludes that these problems are most likely related to a shortage of physical therapists in rural areas and not attributable to the referral requirement.
- ❑ The current requirements are consistent with Medicare coverage rules for other services, such as home health care, skilled nursing facility stays, and occupational therapy.
- ❑ To the extent that referral requirements reduce the amount of unnecessary services, such requirements result in net savings to Medicare.
- ❑ The referral requirements are consistent with private payer strategies.

MedPAC's complete report is available at:

http://www.medpac.gov/publications/congressional_reports/Dec04_PTaccess.pdf

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