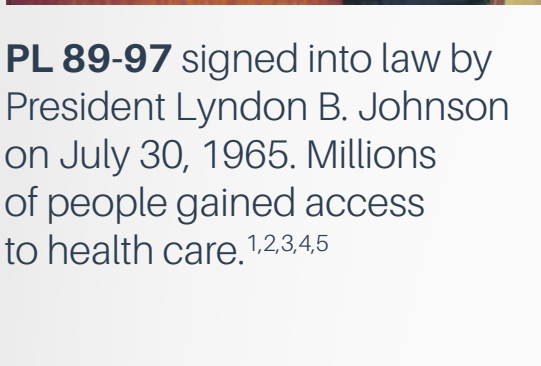


As Medicare and Medicaid celebrate their 50th anniversary, APTA looks back on the relationship between Medicare and physical therapy over the years.

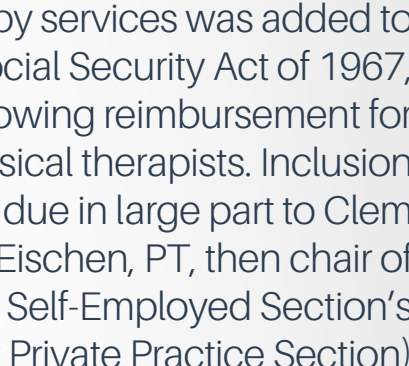
Physical Therapy & Medicare: A Timeline

1965



PL 89-97 signed into law by President Lyndon B. Johnson on July 30, 1965. Millions of people gained access to health care.^{1,2,3,4,5}

1968



Definition of outpatient physical therapy services was added to the Social Security Act of 1967, allowing reimbursement for physical therapists. Inclusion due in large part to Clem Eischen, PT, then chair of the Self-Employed Section's (now Private Practice Section) Legislative Committee.⁶

1972

People under 65 with disabilities (more than 6 million people) are now covered, allowing physical therapists access to a large patient population.⁷

PL 92-03 expands scope of Medicare coverage to include qualified physical therapists in private practice.⁸

1979



APTA's Medicare reimbursement reform legislation, HR 4626, introduced to House Ways and Means Subcommittee.⁹

1983

Enactment of the inpatient prospective payment system based on diagnosis-related groups leads to rise of postacute care, since hospitals are more likely to discharge patients sooner.¹⁰

1987

The Nursing Home Reform Act, contained in the Omnibus Budget Reconciliation Act of 1987, sets standards of care and establishes rights for elderly persons in the United States. The Act requires states and federal government to inspect nursing homes and enforce standards by using a range of sanctions.¹¹

1997

Balanced Budget Act of 1997 passes and includes provisions that change the cost-based payment systems for skilled nursing facilities, home health agencies, and inpatient rehabilitation facilities to prospective payment systems.

Sustainable growth rate (SGR) formula also created.^{8,12}

1999

Annual \$1500 cap on outpatient therapy services in all settings except hospitals goes into effect January 1, 1999, as a result of the Balanced Budget Act.

APTA achieves major victory when Congress imposes a moratorium on the Medicare cap for 2 years, to go into effect January 1, 2000.

2000

Centers for Medicare and Medicaid Services (CMS) revises regulations to eliminate the conditions of participation and the requirement for survey and certification of physical therapy private practices (PTPPs), resulting in the rapid growth of PTPPs.¹⁴

2001

APTA leads the charge to introduce legislation repealing the therapy cap. Sen John Ensign (R-NV) introduces Medicare Access to Rehabilitation Services Act, S. 1394, that would repeal the cap.⁸

2002

Medicare Patient Access to Physical Therapists Act, S. 2386, introduced by Sens Blanche Lincoln (D-AR) and Arlen Specter (R-PA) to allow direct access to physical therapists under Medicare.¹⁵

2004

APTA achieves landmark victory when Medicare issues regulations requiring that physical therapy services provided "incident to" a physician's services must be provided by a physical therapist.^{16,17}

2005

Medicare eliminates requirements for physician visits or orders prior to initiating treatment, and ensures only qualified personnel deliver services under the "incident to" rule.¹⁸

2006

Congress passes Deficit Reduction Act, allowing CMS to develop an "exceptions process" for beneficiaries who need physical therapy, but only through December 31, 2006.⁸

2008

CMS extends 30-day therapy plan of care recertification timeframe to 90 days, includes new definitions of physical therapist and physical therapist assistant, and sets forth the personnel standards for physical therapy services in all settings. APTA is instrumental in convincing CMS to change these policies to benefit physical therapy.

APTA efforts enabled physical therapists in private practice to qualify for a 1.5% bonus payment for participating in Medicare's Physician Quality Reporting Initiative (now Physician Quality Reporting System, PQRS).¹⁹

2010



President Obama signs The Patient Protection and Affordable Care Act, HR 3590, which extends the therapy cap exceptions process until December 31, 2010.^{8,20}

2013

Lawsuit ruling Jimmo v Sebelius reaffirms that medically necessary nursing and therapy services, provided by or under the supervision of skilled personnel, are coverable by Medicare if the services are needed to maintain the individual's condition or to prevent or slow their decline.²²

2014

The Improving Medicare Post-Acute Care Transformation (IMPACT) Act standardizes patient assessment data, quality, and resource use measures for postacute care providers, including home health agencies, skilled nursing facilities, inpatient rehabilitation facilities, and long-term care hospitals. APTA worked to influence this legislation.²³

2015

Congress "fixes" the SGR formula; SGR repealed and therapy cap exceptions process extended until December 31, 2017. Senate vote to repeal the therapy cap falls 2 short of 60-vote threshold. This is the furthest this issue has progressed in 18 years.²⁴

2014

The Improving Medicare Post-Acute Care Transformation (IMPACT) Act standardizes patient assessment data, quality, and resource use measures for postacute care providers, including home health agencies, skilled nursing facilities, inpatient rehabilitation facilities, and long-term care hospitals. APTA worked to influence this legislation.²³

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