

# NEWS RELEASE

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## APTA RE-AFFIRMS COMMITMENT TO ELIMINATING FRAUD AND ABUSE

**For Immediate Release**

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ALEXANDRIA, VA -- The American Physical Therapy Association (APTA) commends the Senate Finance Committee for the report it released on October 3 regarding the provision of Medicare home health care services. The report, prompted by articles published in the *Wall Street Journal* in 2010, uncovered efforts on behalf of some companies to pressure therapists to provide excessive services to Medicare beneficiaries. Fraud and abuse has no place in the provision of health care services and APTA is committed to working with the Committee, Congress, and the Centers for Medicare and Medicaid Services (CMS) to address the problems that exist.

"Physical therapy is an essential health care service that Medicare beneficiaries count on to help them regain function and independence," stated APTA President R. Scott Ward, PT, PhD. "No physical therapist should be placed into a situation by an employer to provide excessive or unwarranted services to Medicare beneficiaries or any other patient. Physical therapists are licensed professionals and those practicing inappropriately should be reported to their state licensure boards."

"As a health care profession, physical therapists who provide unwarranted care for financial gain of their employer or themselves is unacceptable," said Cindy Krafft PT, MS, president of APTA's Home Health Section. "APTA commits to working with the Senate Finance Committee, Congress, and CMS to ensure appropriate delivery of physical therapist services in all practice settings."

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APTA particularly commends the Senate Finance Committee for recommending that CMS closely examine new reimbursement approaches that focus on patient well-being and health characteristics, rather than on numerical utilization measures. It also encourages CMS to continue efforts to assess the efficiency and effectiveness of various post-acute care settings and the services they provide. APTA is in full agreement with this recommendation and stated its position in its [September 6 comments](#) to CMS on the proposed rule for the home health prospective payment system for calendar year 2012. APTA advocates that CMS move from a reimbursement system based on the number of visits a patient receives to a system that is based on a physical therapist's evaluation of the severity and complexity of the patient's condition. APTA believes such a system should be implemented across all Medicare practice settings, including the home health setting.

Additionally, APTA calls upon Congress to carve out therapy services from the consolidated billing structure that currently exists under the Medicare Home Health program. The association believes that by allowing therapists the ability to bill for services outside of consolidated billing will significantly address the situations uncovered by the Committee report in which practitioners were coerced into maximizing billing for home health services.

Finally, APTA believes that the vast majority of physical therapy services are billed appropriately, most companies do not use the pressure tactics cited in the *WSJ* article, and millions of Medicare beneficiaries benefit from quality physical therapy services. The profession, however, has a responsibility to root out fraud and abuse and is prepared to do so in cooperation with Congress and CMS.

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The American Physical Therapy Association (APTA) represents more than 77,000 physical therapists, physical therapist assistants, and students of physical therapy nationwide. Learn more about conditions physical therapists can treat and find a physical therapist in your area at [www.moveforwardpt.com](http://www.moveforwardpt.com). Consumers are encouraged to follow us on Twitter (@moveforwardpt) and Facebook (facebook.com/APTAfans).