

Eli's Rehab Report

Hospital Buzz: CMS Jumps Fast on Hospital Interpretive Guideline Snafu

Rehab advocates' hard work to right the wrong in Transmittal 72 pays off.

Rehab stakeholders were up in arms the past few months since CMS released some quirky interpretive guidelines for the outpatient hospital setting. In Transmittal 72, CMS stated that only a practitioner with medical staff privileges could order therapy for patients in outpatient hospital settings. If enforced, this requirement would create serious barriers to therapy access.

The response: An overwhelming number of organizations with a stake in rehab, including the American Medical Rehabilitation Providers Association, American Speech-Language Hearing Association, American Occupational Therapy Association, American Physical Therapy Association, American Hospital Association, Federation of American Hospitals, American Academy of Physical Medicine and Rehabilitation, and the National Association of Children's Hospitals and Related Institutions, bombarded CMS with their concerns.

Swift action: In less than two weeks after these organizations met with CMS to argue their cases, the agency released a memo on Feb. 17, superseding the original, problematic guidelines in Transmittal 72.

"In terms of government time, [CMS] turned it around very quickly," remarks **Lisa Satterfield, MS, CCC/A**, director of health care regulatory advocacy for ASHA. "We were pleased with their response to clarify that outside physicians also write referrals for therapy services."

"Essentially, we are very pleased CMS was so responsive to stakeholder concerns, and we believe the changes reflect current practice," says **Carolyn Zollar, JD**, VP of government relations & policy development for AMRPA. "We have asked our members to let us know if there are any problems with the new language."

"CMS said during an open door forum held soon after that memo came out, that it never intended to interfere with access to services, especially access to rehabilitation services," states **Jennifer Bogenrief**, manager of reimbursement and regulatory policy for AOTA. "I think [the industry's] response must have rocked their world."

Don't Throw the Baby Out With the Bathwater

Although the flawed language was corrected from Transmittal 72, stay alert. "Transmittal 72 is still enforced," Bogenrief stresses. "They just made some clarifications with the memo."

Most important: "CMS clarified that hospitals need to have policies and procedures on how they choose to allow outside physicians to write [therapy] orders," Satterfield tells **Eli**. "Hopefully many hospitals already have that in place."

Read between the lines: These clarifications mean that state surveyors can now check for these hospital policies and procedures, so make sure you have yours in place.

Hospitals must be able to show in writing that they have steps to verify credentials of the referring practitioner, says **Gayle Lee**, director of federal payment and regulatory affairs for APTA. "So, the hospital should have something on file for who they authorize, making sure they're licensed, etc."

Requirements haven't changed for referral sources. "Providers should be able to act within their scope of practice under state law, because that was the guiding principle before," Bogenrief says.

To view the memo for detailed instructions, see https://www.cms.gov/Surveycertificationgeninfo/downloads/SCLetter12_17.pdf.

