

For Immediate Release

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AAPM&R Establishes a Task Force to Develop Inpatient Rehab Criteria

The American Academy of Physical Medicine and Rehabilitation (AAPM&R) has created a task force of medical experts who will establish appropriate medical guidelines to decide who should be cared for in an inpatient rehabilitation facility (IRF). This action is in response to continuing turmoil in the field of medical rehabilitation surrounding proposed regulatory actions by the Centers for Medicare and Medicaid Services (CMS) and numerous local fiscal intermediaries (FI) for the Medicare program.

In 2003, CMS proposed significant adverse changes to one of the definitional criteria for IRFs, the so-called "75 percent rule" that limits which patients qualify an IRF for payment under the Medicare program. In addition, several CMS fiscal intermediaries (FIs) have proposed new Local Medical Review Policies (LMRPs) or Local Coverage Determinations (LCD) that would severely and improperly restrict access to IRFs by many Medicare beneficiaries who are currently eligible to receive that care. In reviewing these proposals, AAPM&R concluded that these agencies lacked the advice of medical experts experienced in caring for patients in the rehabilitation hospital setting. AAPM&R further determined that it was appropriate and timely to establish an expert panel to develop a sound framework for medical decision-making regarding the initial and continuing care of patients in an IRF. AAPM&R expects that its standards and framework will be used by CMS and other insurers to develop appropriate guidelines for determining patient eligibility for IRF care.

The Medical Inpatient Rehab Criteria Task Force is chaired by John L. Melvin, MD, MMSc, Michie Professor and Chairman of the Department of Rehabilitation Medicine, Jefferson Medical College of Thomas Jefferson University. Malcolm H. Morrison, PhD of Morrison Informatics, Inc. will serve as a consultant to the task force.



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The other members of the task force are:

- Bruce M. Gans, MD, Professor of Physical Medicine and Rehabilitation, UMDNJ-New Jersey Medical School, and Chief Medical Officer, Kessler Institute for Rehabilitation, West Orange, NJ.
- Dexanne Clohan, MD, Medical Director, National Accounts, Aetna Inc., Santa Ana, CA.
- Martin Grabois, MD, Professor and Chairman, Physical Medicine and Rehabilitation, Baylor College of Medicine, Houston, TX.
- Kurt Hoppe, MD, Senior Associate Consultant, Mayo Clinic, Rochester, MN.
- Kris Ragnarsson, MD, Lucy G. Moses Professor and Chairman, Department of Rehabilitation Medicine, Mount Sinai School of Medicine, New York, NY.
- Leon Reinstein, MD, Associate Professor—Part Time, Physical Medicine and Rehabilitation, Johns Hopkins University School of Medicine; Clinical Professor Neurology, Clinical Professor Preventive Medicine, University of Maryland School of Medicine; Associate Psychiatrist-in-Chief, Sinai Rehabilitation Center, Baltimore, MD.
- Elliot Roth, MD, The Paul B. Magnuson Professor and Chairman Department of Physical Medicine and Rehabilitation, Northwestern University Feinberg School of Medicine, and Senior Vice President of Medical Affairs, Rehabilitation Institute of Chicago, Chicago, IL.
- M. Elizabeth Sandel, MD, Medical Director/Chief of Physical Medicine and Rehabilitation, Kaiser Foundation Rehabilitation Center/Kaiser Foundation Hospital, Vallejo, CA.

The task force's overall objectives are: (1) Establish an acceptable framework for medical necessity decisions for inpatient medical rehabilitation patients (including principles, standards, criteria and tests); (2) Identify high priority rehabilitation medical diagnosis areas where the framework can be applied; (3) Review and evaluate current tools and instruments used to assess medical necessity; and (4) Provide an overall report that includes a medical necessity framework, identification of the standards and criteria that must be met by medical necessity tools and instruments, and provide examples of one or more medical rehabilitation diagnosis reviewed using the framework and appropriate tools.

AAPM&R is the national medical specialty society of more than 7,000 physical medicine and rehabilitation (PM&R) physicians, also called physiatrists. PM&R physicians focus on restoring function. They care for patients with acute and chronic pain and musculoskeletal problems such as back and neck pain, tendonitis, pinched nerves, and fibromyalgia. They also treat people who have experienced catastrophic events resulting in paraplegia, quadriplegia, or traumatic brain injury and individuals who have strokes, orthopedic injuries, or neurological disorders such as multiple sclerosis, cerebral palsy, polio, or ALS (Lou Gehrig's disease).