

# United States Senate

WASHINGTON, DC 20510

September 22, 2006

Dear Colleague:

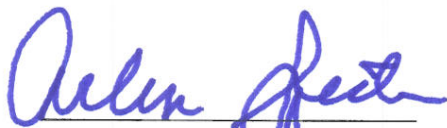
We are seeking your support for the attached letter requesting the Centers for Medicare and Medicaid Services (CMS) to standardize regulatory provisions for recreational therapy services provided in inpatient settings to Medicare beneficiaries.

Recreational therapy services are prescribed and supervised by a physician as part of a patient's rehabilitation plan. Such services constitute active treatment to improve the physical, cognitive, social and emotional function of individuals undergoing treatment. The goal of recreational therapy is to rehabilitate in order to improve functioning and independence, as well as, to reduce the effects of illness and disability. Medicare has traditionally included recreational therapy as a part of covered services in inpatient settings. In fact, over 60% of certified therapeutic recreational specialists practice in hospitals and skilled nursing facilities.

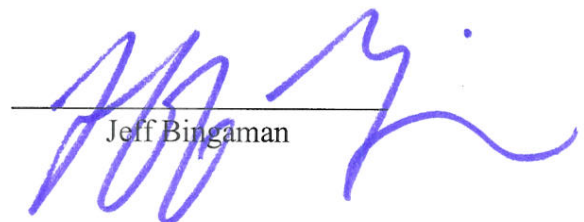
CMS has stated that recreational therapy services are covered in inpatient rehabilitation, psychiatric hospitals, and skilled nursing facilities, and payment for recreational therapy services is incorporated into the Medicare prospective payment systems. However, Medicare coverage of recreational therapy services is inconsistently defined in regulations leading some providers to not offer these services resulting in inconsistent beneficiary access throughout the country. To clarify this situation, CMS should provide uniform regulations governing recreational therapy services in inpatient rehabilitation and psychiatric hospitals and units and skilled nursing facilities. Such regulatory changes would not trigger new Medicare coverage or reimbursement for these services, they would merely clarify that recreational therapy services are already covered and reimbursable in these settings. As such, these regulatory changes are technical in nature and should have no budgetary impact on the Medicare program.

Regulatory consistency for recreational therapy will standardize services in inpatient settings and will preserve access to these vital services for Medicare beneficiaries, regardless of the type of facility where they receive therapy. Please have your staff contact John Myers with Senator Specter's office at 4-5862 or Bruce Lesley with Senator Bingaman's office at 4-5521 to add your name to the attached letter. Thank you for your attention to this matter.

Sincerely,



Arlen Specter



Jeff Bingaman

Mark McClellan, M.D., Ph.D.  
Administrator  
Centers for Medicare and Medicaid Services  
200 Independence Avenue, SW  
Washington, D.C. 20201

Dear Dr. McClellan:

We are writing regarding the regulations governing recreational therapy services provided to Medicare beneficiaries. We are concerned that Medicare coverage of recreational therapy services in inpatient rehabilitation hospitals, inpatient psychiatric facilities and skilled nursing facilities may be unclear to beneficiaries and providers.

Recreational therapists utilize a wide range of therapeutic modalities, community-based interventions and rehabilitative techniques to assist patients in developing skills, knowledge and behaviors for daily living and community involvement. The therapy services are prescribed and supervised by a physician as part of a patient's rehabilitation plan. Such services constitute active treatment to improve the physical, cognitive, social and emotional function of individuals undergoing rehabilitation. Medicare has traditionally included recreational therapy as a part of covered services in inpatient settings. In fact, over 60% of certified therapeutic recreational specialists practice in hospitals and skilled nursing facilities.

The Centers for Medicare and Medicaid Services (CMS) confirms that recreational therapy services are covered in inpatient rehabilitation, psychiatric hospitals and units, and skilled nursing facilities and payment for recreational therapy services is incorporated into the Medicare prospective payment systems. However, Medicare coverage of recreational rehabilitation services is inconsistently defined in regulations leading to some providers not providing recreational rehabilitation services, resulting in inconsistent beneficiary access throughout the country. To clarify this situation, CMS should provide uniform regulations governing recreational therapy services in inpatient rehabilitation and psychiatric hospitals and units and skilled nursing facilities. Such regulatory changes would not trigger new Medicare coverage or reimbursement for these services, they would merely clarify that recreational therapy services are already covered and reimbursable in these settings. As such, these regulatory changes are technical in nature and should have no budgetary impact on the Medicare program.

We request that CMS consider standardizing the regulations to ensure Medicare beneficiaries have access to recreational therapy services in acute and post-acute care settings. Thank you for your attention to this important matter.

Sincerely,

  
Arlen Specter

  
Jeff Bingaman