

## **AAPM&R and Allies Oppose CMS “Review Choice Demonstration” for IRFs**

On February 16, stakeholders across the rehabilitation spectrum submitted detailed comments opposing a proposal from the Centers for Medicare and Medicaid Services (CMS) that could significantly impact the provision of care in IRFs. The “Review Choice Demonstration” (RCD) would subject IRFs in select states to 100% pre-claim or post-payment review of their Medicare claims. The demonstration would begin with all IRFs in Alabama and later expand to all providers in four Medicare Administrative Contractor (MAC) jurisdictions covering 17 states, three U.S. territories, and the District of Columbia.

AAPM&R strongly opposed the demonstration in our comments, highlighting the dramatic increase in physician burden it would cause and the danger it poses for federal contractors to override independent physician judgment through the decisions of nurse reviewers. More details on the Academy’s comments can be found [here](#). During this initial comment period, many key rehabilitation stakeholders, including AAPM&R allies and patient-centered coalitions, echoed our concerns about the potential consequences of moving forward with this demonstration. Although CMS has not yet made all the public comment letters available on its website ([www.regulations.gov](http://www.regulations.gov)), it is worth noting some of the key voices joining the Academy in opposing the proposal.

The American Medical Rehabilitation Providers Association (AMRPA) [urged](#) CMS to withdraw the demonstration entirely, noting that it would likely result in serious barriers to access for Medicare beneficiaries in need of inpatient rehabilitation, including imposing a potential “gatekeeper” effect restricting IRF admissions for certain types of patients. AMRPA also noted that the burden to rehabilitation physicians and the IRFs themselves would likely be significantly higher than estimated by CMS. As two of the leading voices in inpatient hospital rehabilitation, the Academy partnered with AMRPA in releasing a joint statement urging CMS to completely rethink the RCD and work with stakeholders to ensure that Medicare beneficiaries in need of hospital-level rehabilitation are able to access the care they need. The joint statement, released February 19, is available [here](#).

The Coalition to Preserve Rehabilitation (“CPR,” of which AAPM&R is a member), representing more than 50 patient and provider-centric organizations, also strongly [recommended](#) that CMS abandon the proposal to avoid a significant negative impact on patient access to care. In the coalition’s comments, CPR noted the current barriers to access that many rehabilitation patients already face, including the restrictive coverage regulations governing IRFs, and the overuse and misuse of prior authorization by Medicare Advantage plans. CPR believes the demonstration project will exacerbate these existing restrictions in access to rehabilitation care.

Both the [American Hospital Association](#) (AHA) and [Federation of American Hospitals](#) (FAH) cited concerns about the timing of the demonstration given the ongoing COVID-19 public health emergency, a concern echoed by many of the stakeholders responding to CMS’ call for feedback. In addition, AHA noted longstanding concerns with Medicare auditors lacking adequate knowledge of IRF-specific coverage criteria and clinical processes, requesting that CMS rescind the proposal for the RCD. FAH particularly highlighted the historically high rates of successful appeals by IRFs of originally denied claims, ultimately proving to be improper denials by CMS.

Currently, the proposal from CMS is still in the initial stages, and the unified voice from rehabilitation stakeholders clearly demonstrated widespread opposition to this demonstration. AAPM&R will continue

to monitor any future developments with the IRF RCD and ensure that the psychiatry and patient perspective is prioritized in any proposals to expand review of Medicare IRF claims.