

Defending Care for Patients With Dementia



► In the past few months we have been hearing about practitioners being heavily reviewed or denied for providing care for patients with dementia. This rings of years past when Medicare was arbitrarily denying claims for this patient population and when enough practitioners stood up to Medicare, they stopped. It seems

that it is happening again and we are not sure why.

We want to set the record straight and to address the issue.

Our biggest strength now is that there is evidence that providing care to patients with dementia does yield efficacious and positive results. This is evidenced in the literature review at the end of this column.

What we are *not* saying is that every dementia patient should be getting rehabilitation. What we *are* saying is this: Like other patients who show a need for therapy and have a functional deficit that is measurable, and there is expectation that an improvement will occur, then these patients with dementia are entitled to rehabilitation.

We have been in many facilities where these patients are getting expensive tests that may not be warranted, and yet Medicare (CMS) does not question this practice in an arbitrary manner, as seems to be the case with this current wave of denials.

Defining Our Care

We need to fight these reviews—with evidence. Below is a sample letter that you can modify for yourself or your expert witness to send with your charts.

“Dear _____,

My name is _____, and my CV is attached. I have worked for CMS, advised at Blue Cross/Blue Shield, and owned my own practice of physical therapy for many years. In addition, I am currently a member of the APTA and the American Geriatric Society. I was contacted by Sue Smith about the review situation she

is currently encountering and I am extremely concerned about what she has told me. She explained that she was being reviewed because she was treating patients with the diagnosis of dementia.

“My fear is that your review will put good people like Dr. Smith out of business and that your basis for your negative review is ill-founded.

“First let me state that rehabilitation care for people with dementia is effective based on the literature (see literature review below). Dr. Smith does use standardized tests such as the Berg, Tinetti, Functional Reach, etc., to show medical necessity and patient progress. I hope you are familiar with the rehabilitation profession’s body of knowledge and use these in your assessment of medical necessity and patient progression.

“I hope your office will use the current literature in making your determination and that your final decision can be used for people like Dr. Smith to avoid being harassed and impeded from providing needed patient care.

“One final point that should be made is based on the 2012 study by Singh-Manoux in the *British Medical Journal*. This study showed that cognitive decline was evident by age 45 in a significant percentage of the population. This study was done on government workers. The care you are denying now may be one you may be using sooner than you think.

“Thank you for your time and consideration and if I can be of further assistance, do not hesitate to contact me.

“Sincerely, _____, PT”

It is necessary to defend the skilled, necessary care you are giving to your patients with dementia. Instead of stories of reviews and denials, we want to hear stories that highlight the successes with CMS and the good that we have done and can do for all older people. Write to us if you have some good news to share, and if no good news is forthcoming, we will continue to suggest ways to actively defend skilled and necessary care for your patients with dementia. ■

Resources

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• Poynter, L., Kwan, J., Sayer, A., & Vassallo, M. (2011). Does cognitive impairment affect rehabilitation outcome? *Journal of the American Geriatrics Society*, 59, 2108-2111.

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Carole Lewis is co-owner of the Center of Evidence and consultant to Professional Sportcare and Rehab. She lectures exclusively for Great Seminars and Books and Great Seminars Online (www.greatseminarsandbooks.com and www.greatseminarsonline.com). She is also editor-in-chief of Topics in Geriatric Rehabilitation (www.topicsingeriatricrehabilitation.com) and an adjunct professor at George Washington University Department of Geriatrics, College of Medicine. Keiba L. Shaw is associate professor at Nova Southeastern University College of Health Care Sciences Physical Therapy Department Hybrid Entry Level DPT Program, Tampa, FL.