

# Use of Physical Therapy Aides Under Medicare

## Certified Rehabilitation Agency (CRA)

In order for services to be reimbursed under Medicare Part B benefit, they may not be provided by a physical therapy aide regardless of level of supervision.

CMS's policy is that the therapy aide may assist the professional therapist or therapist assistant to perform a specific therapy service. The aide should never be the provider of the service.

## Comprehensive Outpatient Rehabilitation Facility (CORF)

In order for services to be reimbursed under Medicare Part B benefit, they may not be provided by a physical therapy aide, regardless of level of supervision.

CMS's policy is that the therapy aide may assist the professional therapist or therapist assistant to perform a specific therapy service. The aide should never be the provider of the service.

## Home Health Agencies (HHA)

Under Medicare Part A regulations, all therapy services offered by the HHA, either directly or under arrangements, must be provided by a qualified therapist or a qualified therapist assistant under the therapist's supervision and in accordance with the plan of care. The qualified therapist assists the physician in evaluating level of function, helps develop the plan of care (revising as necessary), prepares clinical and progress notes, advises and consults with the family and other agency personnel, and participates in in-service programs. (42 CFR §484.32)

An HHA that wishes to furnish outpatient physical therapy or speech pathology services must meet all the pertinent conditions of this part and also meet the additional health and safety requirements set forth in subpart H of part 485 of this chapter to implement section 1861(p) of the Act. 42 CFR 484.38

## Inpatient Hospital Services

Physical therapy services must be those services that can be safely and effectively performed only by or under the supervision of a qualified physical therapist. According to 42 CFR Section 482.56 of the Medicare hospital conditions of participation, "physical therapy, if provided, must be provided by staff who meet the qualifications specified by medical staff, consistent with state law." Because the regulations do not specifically delineate the type of direction required, the provider must defer to his or her physical therapy state practice act.

## Outpatient Hospital Services

In order for services to be reimbursed under Medicare Part B benefit, they may not be provided by a physical therapy aide regardless of level of supervision.

CMS's policy is that the therapy aide may assist the professional therapist or therapist assistant to perform a specific therapy service. The aide should never be the provider of the service.

## Physical Therapist in Private Practice

In order for services to be reimbursed under Medicare Part B benefit, they may not be provided by a physical therapy aide, regardless of level of supervision.

CMS's policy is that the therapy aide may assist the professional therapist or therapist assistant to perform a specific therapy service. The aide should never be the provider of the service, however, and employees must be personally supervised by the physical therapist.

## Physician's Office/"Incident to" Billing

Effective July 25, 2005, in order for services to be reimbursed under Medicare Part B benefit, they may not be provided by a physical therapy aide, regardless of level of supervision.

## Skilled Nursing Facilities

Effective July 30, 1999, "The therapy assistant cannot supervise a therapy aide. It is up to the professional therapist to ensure that the assistant is capable of performing therapy services without the more stringent "line-of-sight" level of supervision required by therapy aides. A therapy aide must be supervised personally by the professional therapist in such a way that the therapist has visual contact with the aide at all times. Therapy aides are not to perform any services without "line-of-sight" supervision. Similarly, a therapy aide must never be responsible for provision of group therapy services, as this is well beyond the scope of services that they are qualified to provide."

Additionally, the rule states that set-up time, as well as time under the therapist's direct supervision, count as reportable therapy minutes on the MDS.

### Use of Aides in the Delivery of Skilled Services

Per the RAI manual instructions released on November 9, 2009, aides cannot be used to deliver skilled services. Aides should be used to provide support services and those services cannot be counted towards the minutes on the MDS. This policy is further detailed in the 2010 SNF PPS Final Rule.

From August 2003 through October 1, 2009, the following policy regarding the use of aides in SNFs was in effect. As of October 1, 2009, this policy is no longer effective.

**Supervision (Medicare A only):** Aides cannot independently provide a skilled service. The services of aides performing therapy treatments may only be coded when the services are performed under line of sight supervision by a licensed therapist when allowed by state law. This type of coordination between the licensed therapist and therapy aide under the direct, personal (e.g., line of sight) supervision of the therapist is considered individual therapy for counting minutes. When the therapist starts the session and delegates the performance of the therapy treatment to a therapy aide, while maintaining direct line of sight supervision, the total number of minutes of the therapy session may be coded as therapy minutes.

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