

Medicare Student Supervision Requirements for Rehab

A Historical Perspective

Effective June 2002		
	Medicare Part A	Medicare Part B
General Supervision Requirements	In the SNF setting, the minutes of student services count on the Minimum Data Set. However, Medicare requires that the professional therapist (the PT/OT) provide line-of-sight supervision of PT/ OT and PTA/OTA student services.	According to program memorandum AB-01-56, Medicare does not reimburse for student services provided under Medicare Part B. However, in a letter to the American Speech-Hearing-Language Association (ASHA), Medicare clarified that the service would be billable even though the student is participating in the delivery of the service as long as "the <i>qualified practitioner</i> is directing the service, making the skilled judgment, and is responsible for the assessment and treatment."

Effective March 2010		
(After APTA requested clarification on the definition of the "qualified practitioner")		
	Medicare Part A	Medicare Part B
General Supervision Requirements	<p>In the SNF setting, the minutes of student services count on the Minimum Data Set. However, Medicare requires that the professional therapist (the PT/OT) provide line-of-sight supervision of PT/ OT and PTA/OTA student services.</p> <p>In other settings (ie. hospital, inpatient rehab, homecare) Medicare has not specified specific student supervision requirements therefore please defer to state law and standards of professional practice.</p>	<p>Only the services of the therapist can be billed and paid under Medicare Part B. The services performed by a student are not reimbursed even if provided under "line of sight" supervision of the therapist; however, the presence of the student "in the room" does not make the service un-billable.</p> <p>Therapists may bill and be paid for the provision of services in the following scenarios:</p> <ul style="list-style-type: none"> • The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment. • The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time. • The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician's service, not for the student's services). <p><i>PTAs & OTAs are not precluded from serving as CIs for therapy students, while providing services within their scope of work and performed under the direction and supervision of a licensed physical or occupational therapist to a Medicare beneficiary.</i></p>

Effective October 2010 (SNF Setting)

	Medicare Part A	Medicare Part B
General Supervision Requirements	<p>Therapy students must be in line-of-sight supervision of the professional therapist (Federal Register, July 30, 1999). Time may be coded on the MDS when the therapist provides skilled services and direction to a student who is participating in the service under line-of-sight supervision.</p> <p>Where noted below that the supervising therapist/assistant should not be engaged with any other activity or treatment, it is considered acceptable for the supervisor to be working on documentation as long as they maintain the line of sight supervision requirement, and are available to immediately assist/intervene the student as needed.</p>	<p>The following criteria must be met in order for services provided by a student to be billed by the long-term care facility:</p> <ol style="list-style-type: none"> 1) The qualified professional is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment. 2) The practitioner is not engaged in treating another patient or doing other tasks at the same time. 3) The qualified professional is the person responsible for the services and, as such, signs all documentation. <p>*PTAs & OTAs are not precluded from serving as CIs for therapy assistant students while providing services within their scope of work and performed under the direction and supervision of a qualified PT or OT.</p>
Individual Therapy <i>(provided by one therapist or assistant to one resident at a time)</i>	<p>Billable when only one resident is being treated by the therapy student & supervising therapist/assistant. The supervising therapist/assistant shall not be treating or supervising other individuals and shall be able to immediately intervene/assist the student as needed and the student & resident are both under line-of-sight supervision.</p>	<p>When a therapy student is involved with the treatment of a resident the minutes may be coded as individual therapy when only one resident is being treated by the therapy student and supervising therapist/assistant. The supervising therapist/assistant shall not be engaged in any other activity or treatment.</p>
Concurrent Therapy <i>(treatment of 2 residents at the same time, when the residents are not performing the same or similar activities)</i>	<p>Billable when the therapy student is involved with treatment & one of the following occurs:</p> <ol style="list-style-type: none"> 1) Therapy student is treating one resident and the supervising therapist/assistant is treating another resident and the therapy student & resident are in line-of-sight 2) Therapy student is treating 2 residents, both of whom are in line-of-sight of the supervising therapist/assistant who is not engaged in another treatment or supervising other individuals 3) Therapy student is not treating any residents & the supervising therapist/assistant is treating 2 residents at the same time, regardless of payer source, both of whom are in line-of-sight. 	<p>For Part B, residents may not be treated concurrently: a therapist may either:</p> <ol style="list-style-type: none"> 1) Treat one resident at a time, and the minutes during the day when the resident is treated individually are added, even if the therapist provides that treatment intermittently 2) The treatment of two or more residents at the same time, regardless of payer source, is documented as group treatment.
Group Therapy <i>(treatment of residents who are performing similar activities)</i> <i>Med A (2-4 residents)</i> <i>Med B (2 or >)</i>	<p>Billable when a therapy student is involved with group therapy treatment, regardless of payer source & one of the following occurs:</p> <ol style="list-style-type: none"> 1) The therapy student is providing the group treatment and all the residents participating in the group, and the therapy student, are in line-of-sight of the supervising therapist/assistant who is not supervising other individuals (students or residents) 2) Supervising therapist/assistant is providing group & therapy student is not providing treatment to any resident. 	<p>When a therapy student is involved with group therapy treatment, regardless of payer source, and one of the following occurs, the minutes may be coded as group therapy:</p> <ol style="list-style-type: none"> 1) The therapy student is providing group treatment and the supervising therapist/assistant is present and in the room and is not engaged in any other activity or treatment; or 2) The supervising therapist/assistant is providing group treatment and the therapy student is not providing treatment to any resident.