

FAQs Med B Student Supervision

A frequent question asked of PT and PTA programs has to do with reimbursement of student services for Medicare Part B. Here are some common questions about Med B outpatient services. At this time CMS remains silent for Medicare Part A inpatient acute care services, IP-Rehab and Home Health. For these settings, you must refer to the WI state practice act for the legal requirements and positions set forth by the American Physical Therapy Association (APTA) for best practice to guide you.

FAQs

1. *Can I bill for services provided to Medicare Part B patients/clients by PT and PTA students?*

In response to inquiries from the American Speech-Language-Hearing Association, CSM provided a letter that **in order to be paid**, Medicare Part B services must be provided by practitioners who are acting within the scope of their state licensure. CMS further described circumstances, under which they consider the service as being essentially provided directly by the qualified practitioner, even though the student has some involvement. Such services would be billable. Specifically, CMS states:

1) *“The qualified practitioner is recognized by the Med Part B beneficiary as the responsible professional within any session when services are delivered.”*

2) *“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 skilled judgment, and is responsible for the assessment and treatment.”*

3) *“The qualified practitioner is present in the room guiding the student in service delivery when the student is participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.”*

4) *“The qualified practitioner is responsible for the services and as such, signs all documentation (A student may, of course, also sign but it is necessary since the Part B payment is for clinician’s services, not for student’s services).”*

In response to this letter, the American Physical Therapy Association (APTA) developed the following response for acceptable billing practices:

Based on the information provided by CMS and MedPAC, it is possible for a physical therapist to bill for services only when the services are furnished jointly by the physical therapist and student. APTA recommends that PTs consider the following factors in determining whether or not a PT may bill Medicare Part B for a service when the therapy student is participating in the provision of the service.

1) *PTs should use their professional judgment on whether or not the service is billable, keeping in mind the importance of integrity when billing services.*

2) *PTs should distinguish between ability of a student to provide services to a patient/client from the ability to bill for student services provided to Medicare Part B patients. A student may provide services to any patient/client provided it is allowable by state law. This does not mean, however, that the services provided by the student are billable to Medicare, Medicaid, or other private insurance companies.*

3) *As CMS states, only services provided by the licensed PT can be billed to Medicare for payment. PTs should consider whether the service is being essentially provided directly by the PT, even though the student has some involvement in providing care. In making this determination, the therapist should consider how closely involved he or she is in providing the patient’s care when a student is participating. The PT should be completely and actively engaged in providing the care of the patient. As CMS states in their letter “the qualified practitioner is present in the room guiding the student in service delivery when the student is 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 PT should direct the service, make the skilled judgment, and be responsible for the assessment and treatment. There should be checks and balances provided by the PT throughout the entire time the patient/client is being managed.*

4) *The PT should ask him-or-herself whether the billing would be the same whether or not there is a student involved. The PT should not bill beyond what they would normally bill in the course of managing the patient's care. The individual PT or the employer should not benefit financially from having the student involved in the clinical experience in the practice or facility.*

2. Can I allow my PT or PTA student to treat a Medicare Part B patient/client if I am unable to be “present in the room” and/or am “engaged in other tasks”?

The short answer is yes. In the above “acceptable billing practices” from APTA, point 3 states “*PTs should distinguish between ability of a student to provide services to a patient/client **from the ability to bill for student services provided to Medicare Part B patients.** A student may provide services to any patient/client provided it is allowable by state law. This does not mean, however, that the services provided by the student are billable to Medicare, Medicaid, or other private insurance companies*”. CMS does not state that students cannot **TREAT** Medicare Part B patient/clients, they state that these services are not billable unless they are provided as per their letter (4 points above in FAQ 1).

If for some reason you were unable to be present and/or were otherwise engaged in another activity while your student was participating in the care of a Medicare Part B patient/client, the student could provide this care consistent with what is allowable by law (PT State Practice Act). These services would not, however, be billable. The student (or licensed PT or PTA) would still document the services provided, however, would not bill for them.

3. Can you provide me an example of when a PT might not be present?

Two specific situations come to mind based on past experiences. In both situations it is important to note that this delegation and supervision of the student meets state law requirements. First, a PT clinical instructor (CI) may decide to allow the student to treat the Medicare Part B patient without being present because the student has demonstrated the ability to do so with past sessions and due to unforeseen circumstances are either short staffed or had an unexpected patient volume to accommodate.

Secondly, a CI may choose to allow the student to continue with a session for increased experience and exposure with a skill (i.e. education, exercise, a modality...) that the CI feels the student is capable of providing without being directly present.

4. Would I document for the services provided by the student without the PT present?

Yes, all services must be documented whether or not they are billable. It should be noted within the documentation which services were provided under the direct supervision of the licensed PT or PTA and which were not, and these should be consistent with what is billed.

5. In CMS's letter they wrote "when the qualified practitioner is directing the service, making skilled judgment, and is responsible for the assessment and treatment", how do I do this if the student is participating?

Since you are present throughout the entire provision of billable care, you are guiding the provision of service through what you do and say; or don't do or say throughout the session. For example, you may inform the student that they are doing well and can continue with the service. On the other hand, if you see something that you feel you need to redirect, you do so as necessary in order to provide the highest quality physical therapy services. You would do this with any patient, and essentially, your feedback is guiding the experience.

6. You have alluded to the State Practice Act a number of times, what does the Wisconsin PT Practice Act say about provision of student services?

The WI PT State Practice Act, under **Applicability** 448.52(1m) states that: A license is not required under this subchapter for any of the following, if the person does not claim to render physical therapy or physiotherapy services:

448.52(1m)(b)

(b) Any person assisting a physical therapist in practice **under the direct, on-premises supervision of the physical therapist.**

448.52(1m)(c)

(c) A physical therapy student assisting a physical therapist in the practice of physical therapy or a physical therapist assistant student assisting a physical

therapist in performing physical therapy procedures and related tasks, **if the assistance is within the scope of the student's education or training.**

The two key points that must be followed to be in compliance with the WI PT State Practice Act are bolded and underlined. Both PT and PTA students must be under the direct, on-premise supervision of the PT. (A PTA can serve as a CI for a PTA student; however, the PTA student must still be under the direct, on-premise supervision of the PT when participating in the delivery of physical therapy services.) Any physical therapy procedures and related tasks provided by PT and PTA students must be within the scope of the student's education or training. Thus, if the student by virtue of their academic curriculum and/or experiences within the clinic setting has demonstrated competence to provide a given service, they can do so as long as the PT is on-premise. These decisions should be earned and based on demonstrated competence.

If you have any questions, please don't hesitate to contact any Director of Clinical Education (DCE) at the Wisconsin PT and PTA programs.

For information about clinical education updates and upcoming clinical education workshops in Wisconsin, please go to the CE SIG link on the WPTA website.

<http://www.wpta.org/special-interest-groups/index.cfm>

You can also find workshop dates under Clinical Education Workshops in each PT Connections.