

To: APTA Chapter Presidents
APTA Chapter Executive Personnel
From: Dave Mason
Vice President, APTA Government Affairs
Date: August 30, 2004

Re: PTA Supervision Provisions in the Proposed 2005 Medicare Physician Fee Schedule Rule

As you know, the Centers for Medicare and Medicaid Services (CMS) published the proposed Medicare physician fee schedule rule for 2005 earlier this month and APTA has alerted members to submit comments in support of the proposed standards for "incident to" services provided in physicians offices. That issue remains a priority on which all members should submit comments.

The proposed rule also includes provisions to revise the supervision requirements for physical therapist assistants in private practice physical therapist offices. Our summary of the provisions in the proposed rule impacting physical therapists (on the APTA web site at

http://www.apta.org/Govt_Affairs/regulatory/Medicare/treatment_settings/privatepractice/2005PFS/sum2005proprule includes a description of those provisions. Simply put, CMS is proposing to replace the requirement that the physical therapists' supervision of the PTA be "personal" (i.e., in the room) with language allowing "direct" supervision (i.e., in the office suite).

APTA strongly supports the proposed change from personal to direct supervision. It would be consistent with the supervision standard that applies to physicians who use other practitioners (e.g., nurses, physician assistants) in their offices.

However, we did not include this provision in our recent “incident to” action alert. Given the variation in supervision of PTAs in different practice settings we were concerned that some members would raise issues that would not be relevant to the physical therapist private practice setting.

We are asking APTA Chapters to write personalized comments in support of this provision. If you are contacted by members interested in submitting comments in support of the proposed rule, please feel free to share this information with them. However, I strongly encourage you not to post this information on your web site, distribute it to your grassroots network as an alert, or post it on listserves.

Submitting Comments on PTA Supervision: In seeking public comments on this policy, CMS is particularly interested in what implications, if any, this proposed change will have for the quality of services provided or for Medicare spending – specifically, whether there will be a cost impact from an increased capacity to provide services. As noted in the previous alert on “incident to” standards, public comments on the proposed rule must be received no later than September 24, 2004.

0. Members should fax a copy of their comments to APTA Government Affairs at (703) 838-8919. However, they should NOT include APTA as a “cc:” on comments sent to CMS.
0. Comments may be submitted by mail or electronically. To submit comments electronically, go to:
<http://www.accessdata.fda.gov/scripts/oc/dockets/comments/commentdocket.cfm?AGENCY=CMS>
0. Click on “Go” under the “Submit Comments” column for CMS-1429-P.
0. To submit comments specifically related to physical therapist assistants in private practice offices, go to Issues 10-19 and use the “Therapy Assistants in Private Practice” box.
0. Any attachments you want to include should be submitted in

Microsoft Word, WordPerfect or Excel (Microsoft Word is preferred).

0. Remember that all comments received before the close of the comment period are available for viewing by the public. CMS will post all electronic comments received on its public web site once the comment period closes. To protect their privacy and identity, members may wish to omit their full names and addresses from electronically submitted comments (CMS requires that commenters identify their zip code).
0. To have greater impact, comments should be individualized. Personal experiences and insights will provide the most compelling information, and CMS is more likely to discount comments that appear to be "form letters."

Key Points on PTA Supervision: In commenting on the PTA supervision issue, members should use the caption "Therapy Standards and Requirements" at the beginning of the comments.

KEY POINT: I strongly support CMS's proposal to replace the requirement that physical therapists provide personal supervision (in the room) of physical therapist assistants in the physical therapist private practice office with a direct supervision requirement. This change will not diminish the quality of physical therapy services.

Other Points (if they apply to your practice):

0. Physical therapist assistants are recognized under state licensure laws as having the education and training to safely and effectively deliver services without the physical therapist being in the same room as the physical therapist assistant. No state requires personal (in the room) supervision of the physical therapist assistant.
0. Physical therapist assistants are recognized practitioners under Medicare and are defined in the regulations at 42 CFR §484.4. According to this provision, a physical therapist

- assistant is “a person who is licensed as a physical therapist assistant by the State in which he or she is practicing, if the State licenses such assistants, and has graduated from a 2-year college-level program approved by the American Physical Therapy Association.
0. Requiring direct supervision would be consistent with the previous Medicare supervision requirement for assistants that physical therapists in independent practice (PTIPs) were required to meet prior to 1999.
 0. Changing the supervision standard from personal (in the room) to direct would protect the privacy of the patient’s that receive services from physical therapists and physical therapist assistants. It will enhance protection to keep private conversations about a patient’s care from being overheard.

This change in supervision standard will not cause physical therapists to change staffing patterns. As licensed health care providers in every jurisdiction in which they practice, physical therapists are fully accountable for the proper delegation and direction of services. The majority of states have physical therapist/physical therapist assistant supervision ratio limits in their state laws or Board rules.