

**Frequently Asked Questions**  
**APTA “The Source” Audio Conference**  
**“Understanding Changes to the Home Health Prospective Payment System (HH**  
**PPS): The 2008 HH PPS Final Rule**  
**October 24, 2007**

Q: Regarding the therapy visits, it used to be said that it was 10 visits and they had to add up to 8 hours. Any idea what they will be looking for as far as time per visit?

**A: Medicare does not delineate any formal guidance to home health physical therapists on the suggested length of time per visit. Medicare currently measures therapy based on the number of visits and not the actual time spent performing the therapy during the visit.**

**In the 2008 Home Health Prospective Payment System proposed rule, Medicare does include some discussion on trends in average length of visits as indicated by their most recent research. Medicare states that the data indicates that at least 85 percent of episodes with therapy visits involved visits averaging at least 41 minutes.**

**The rule goes on to state that Medicare is concerned about introducing minutes or time standards in the system at the risk of creating financial incentives and pressures on clinical decisions concerning the number of sessions in a patient’s course of treatment, with potentially adverse affects on beneficiary outcomes. Therefore, home health physical therapists should perform their visits based on what is medically necessary for the condition and severity of the patient as determined by the plan of care.**

Q: If nursing has done the OASIS and no therapy was ordered, but sometime during the certification period and after the OASIS is locked the physician wants therapy started, how will the paper flow go now that there is no SCIC?

**A: Under the 2008 Home Health Prospective Payment System, SCIC adjustments will be treated as normal episodes and will receive payment for the entire 60-day period based on the initial, and/or only, HHRG code. In addition, as a result of the changes of this 2008 rule, such as the elimination of the SCIC, Medicare has stated that the claims processing system is expected to automatically adjust the therapy visits, upward and downward on the final claim, according to the information on the final claim.**

**Therefore, the home health agency would reflect that physical therapy was ordered and provided during the 60-day episode of care on the final claim and Medicare should automatically adjust the therapy visits and reimburse the home health agency, accordingly.**

Q: On admission, it is decided that therapy is not needed, no orders are issued and MO826 was answered "0." Then half way through the episode, therapy is added for some reason. Will CMS automatically adjust in the final billing and pay the additional money for the therapy that was provided? Currently we would do a SCIC to capture the additional funds.

**A: Please see answer above.**

Q: In absence of State specific supervision requirements for PTAs in HH, is there a maximum number of visits that can be delegated to a PTA at which time the PT must have direct patient contact/make a supervisory visit?

**A: Medicare does not specify the number of permissible visits that can be made by the physical therapist assistant in the home health setting. However, the Medicare Benefits Policy manual chapter on home health states that the skills of a physical therapist are needed to assess and periodically reassess a patient's rehabilitation needs and potential or to develop and/or implement a physical therapy program are covered when they are reasonable and necessary because of the patient's condition. Skilled rehabilitation services concurrent with the management of a patient's care plan include objective tests and measurements such as, but not limited to, range of motion, strength, balance, coordination, endurance, or functional ability.**

**Specifically, the manual states that skilled therapy services may be performed under the general supervision of a skilled therapist. General supervision has been described as requiring the initial direction and periodic inspection of the actual activity. However, the supervisor need not always be physically present or on the premises when the assistant is performing services.**

**Additionally, the APTA has a position on the use of PTAs for providing services. This position can be found below.**

[http://www.apta.org/AM/Template.cfm?Section=Policies\\_and\\_Bylaws&CONTENTID=25672&TEMPLATE=/CM/ContentDisplay.cfm](http://www.apta.org/AM/Template.cfm?Section=Policies_and_Bylaws&CONTENTID=25672&TEMPLATE=/CM/ContentDisplay.cfm)

**DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT HOD P06-05-18-26 (Program 32) [Amended HOD 06-00-16-27; HOD 06-99-07-11; HOD 06-96-30-42; HOD 06-95-11-06; HOD 06-93-08-09; HOD 06-85-20-41; Initial HOD 06-84-16-72/HOD 06-78-22-61/HOD 06-77-19-37] [Position]**

#### Utilization

The physical therapist is directly responsible for the actions of the physical therapist assistant related to patient/client management. The physical therapist assistant may perform selected physical therapy interventions under the direction and at least general supervision of the physical therapist. In general supervision, the physical therapist is not required to be on-site for direction and supervision, but must be available at least by telecommunications. The ability of the physical therapist assistant to perform the selected interventions as directed shall be assessed on an ongoing basis by the supervising physical therapist. The physical therapist assistant makes modifications to selected interventions either to progress the patient/client as directed by the physical therapist or to ensure patient/client safety and comfort.

The physical therapist assistant must work under the direction and at least general supervision of the physical therapist. In all practice settings, the performance of selected interventions by the physical therapist assistant must be consistent with safe and legal physical therapist practice, and shall be predicated on the following factors: complexity and acuity of the patient's/client's needs; proximity and accessibility to the physical therapist; supervision available in the event of emergencies or critical events; and type of setting in which the service is provided.

When supervising the physical therapist assistant in any off-site setting, the following requirements must be observed:

1. A physical therapist must be accessible by telecommunications to the physical therapist assistant at all times while the physical therapist assistant is treating patients/clients.
2. There must be regularly scheduled and documented conferences with the physical therapist assistant regarding patients/clients, the frequency of which is determined by the needs of the patient/client and the needs of the physical therapist assistant.
3. In those situations in which a physical therapist assistant is involved in the care of a patient/client, a supervisory visit by the physical therapist will be made:
  - a. Upon the physical therapist assistant's request for a reexamination, when a change in the plan of care is needed, prior to any planned discharge, and in response to a change in the patient's/client's medical status.
  - b. At least once a month, or at a higher frequency when established by the physical therapist, in accordance with the needs of the patient/client.
  - c. A supervisory visit should include:
    - i. An on-site reexamination of the patient/client.
    - ii. On-site review of the plan of care with appropriate revision or termination.
    - iii. Evaluation of need and recommendation for utilization of outside resources.

(Program 32 – Practice, ext 3176)