The American Physical Therapy Association (APTA) provides the following guidelines for use by the insurance industry. The intent of the Guidelines is to facilitate review of claims submitted by physical therapists for physical therapy services and to enhance understanding of reimbursement issues related to physical therapy. APTA emphasizes that services should be represented and reimbursed as physical therapy only when performed by a physical therapist or by a physical therapist assistant under the direction and supervision of a physical therapist.

I. What Is Physical Therapy?

Physical Therapy is a dynamic profession with an established theoretical and scientific base and widespread clinical applications in the restoration, maintenance, and promotion of optimal physical function. Physical therapists:
- Diagnose and manage movement dysfunction and enhance physical and functional abilities
- Restore, maintain, and promote not only optimal physical function but optimal wellness and fitness and optimal quality of life as it relates to movement and health.
- Prevent the onset, symptoms, and progression of impairments, functional limitations, and disabilities that may result from diseases, disorders, conditions, or injuries.

II. Who Are Physical Therapists?

Physical therapists are professionally educated at the college or university level and are required to be licensed in the state or states in which they practice. Graduates from 1926 to 1959 completed physical therapy curricula approved by the appropriate accreditation bodies. Graduates from 1960 to the present have successfully completed professional physical therapist education programs accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). As of January 2002, CAPTE accreditation is limited to only those professional education programs that award the postbaccalaureate degree.

Physical therapists also may be certified as clinical specialists through the American Board of Physical Therapy Specialists (ABPTS).

A physical therapist may also be an internationally educated individual who has the documented equivalent physical therapist training, education, and experience and who meets the current physical therapist legal requirements of licensure.

Public laws and regulations and requirements of private organizations should make it clear that the term "physical therapy" is to be applied only to services provided by licensed physical therapists. Selected interventions may be carried out by physical therapist assistants but only under the direction and supervision of licensed physical therapists. Although some aspects of the interventions provided by practitioners in other fields may be similar to physical therapy, they are not physical therapy services and should not be represented or reimbursed as such. Physical therapy and physical therapy services are not generic terms; they are services that are provided by, or under the direction and supervision of a licensed physical therapist.

III. What Are the Roles of Physical Therapists?
Physical therapists:

1) *Provide services to patients/clients who have impairments, functional limitations, disabilities, or changes in physical function and health status resulting from injury, disease, or other causes.*

In the context of the model of disablement on which the Guide to Physical Therapist Practice is based, impairment is defined as the loss or abnormality of anatomical, physiological, mental, or psychological structure or function; functional limitation is defined as restriction of the ability to perform, at the level of the whole person, a physical action, task, or activity in an efficient, typically expected, or competent manner; and disability is defined as the inability to perform or a limitation in the performance of actions, tasks, and activities usually expected in specific social roles that are customary for the individual or expected for the person's status or role in a specific sociocultural context and physical environment.

The physical therapist integrates five elements of patient/client management in a manner designed to maximize outcomes. These elements are:

- Examination (including patient/client history, systems review, and tests and measures);
- Evaluation;
- Diagnosis;
- Prognosis; and
- Intervention (including coordination, communication, and documentation; patient/client-related instruction; and procedural intervention).

2) *Interact and practice in collaboration with a variety of professionals.* The collaboration may be with physicians, dentists, nurses, educators, social workers, occupational therapists, speech-language pathologists, audiologists and other personnel involved with the patient/client management. Physical therapists acknowledge the need to educate and inform other professionals, government agencies, third-party payers, and other health care consumers about cost-efficient and clinically effective services that physical therapists render.

3) *Address risk.* Physical therapists identify risk factors and behaviors that may impede optimal functioning.

4) *Provide prevention and promote health, wellness and fitness.* Physical therapists are involved in wellness initiatives, including health promotion and education that stimulate the public to engage in health behaviors. They provide preventive care that forestalls or prevents functional decline and the need for more intense care. Through timely and appropriate screening, examination, evaluation, and intervention, they frequently reduce or eliminate the need for costlier forms of care, such as surgery, and also may shorten or even eliminate institutional stays.

5) *Consult, educate, engage in critical inquiry, and administrate.* Physical therapists provide consultative services to health facilities, colleagues, businesses, and community organizations and agencies. They provide education to patients/clients, students, facility staff, communities, and organizations and agencies. Physical therapists also engage in research activities, particularly those related to substantiating the outcomes of service provision. They provide administrative services in many different types of practice, research, and education settings.

6) *Direct and supervise physical therapy services, including support personnel.* Physical therapists oversee all aspects of the physical therapy service. They direct and supervise the physical therapist assistant (PTA) when PTAs provide physical therapy interventions as selected by the physical therapist. Physical therapists also direct and supervise any support personnel as they perform designated tasks related to the operation of the physical therapy service.
IV. What Are Physical Therapy Tests and Measures?

Physical therapy tests and measures include, but are not limited to, the following:

- aerobic capacity and endurance
- anthropometric characteristics
- arousal, mentation, and cognition
- assistive and adaptive devices
- circulation (arterial, venous, lymphatic)
- cranial and peripheral nerve integrity
- environmental, home, and work (job/school/play) barriers
- ergonomics and body mechanics
- gait, locomotion, and balance
- integumentary integrity
- joint integrity and mobility
- motor function (motor control and motor learning)
- muscle performance (including strength, power, and endurance)
- neuromotor development and sensory integration
- orthotic, protective and supportive devices
- pain
- posture
- prosthetic requirements
- range of motion (including muscle length)
- reflex integrity
- self-care and home-management (including activities of daily living and instrumental activities of daily living)
- sensory integrity
- ventilation and respiration/ gas exchange,
- work (job/school/play), community, and leisure integration or reintegration (including instrumental activities of daily living)

V. What Are Physical Therapy Interventions?

Physical therapy interventions include, but are not limited to the following:

- Coordination, communication and documentation
- Patient/client-related instruction
- Procedural interventions

Procedural interventions include:

- Therapeutic exercise
- Functional training in self-care and home-management including activities of daily living (ADL) and instrumental activities of daily living (IADL)
- Functional training in work (job/school/play), community, leisure integration or reintegration including IADL, work hardening, and work conditioning
- Manual therapy techniques (including mobilization/manipulation)
- Prescription, application, and, as appropriate, fabrication of devices and equipment (assistive, adaptive, orthotic, protective, supportive, or prosthetic)
- Airway clearance techniques
- Integumentary repair and protection techniques
- Electrotherapeutic modalities
- Physical agents and mechanical modalities

VI. Specific Criteria for Review of Physical Therapy Claims by Physical Therapists

These guidelines may be divided into six categories:
1. General
   • Was the patient/client's examination and evaluation performed by a physical therapist?
   • Was the intervention provided based on the physical therapist's examination and evaluation and consistent with the diagnosis and prognosis?
   • Did the physical therapy intervention(s) rendered comply with community norms and commonly accepted practice patterns?
   • Was the frequency of intervention and duration of service provided for this episode of care appropriate?
   • Were goals and outcomes reached?

2. The Referral Process
   • Was there a referral for physical therapy, if required by state law? Currently most states have eliminated the referral requirement for examination and evaluation making these services directly accessible to the patient/client. Many states also permit treatment/intervention without referral.

3. Documentation
   • Did the physical therapy documentation follow the American Physical Therapy Association's Guidelines: Physical Therapy Documentation of Patient/Client Management and, where applicable, state law?
   • Did the written report document the findings of examination and reexamination?
   • Did the patient/client management described fit within the broad boundaries of the Guide to Physical Therapist Practice?
   • Was the documentation consistent with the billing statement?
   • Are the clinical records authenticated by signatures and credentials (PT or PTA) as appropriate?
   • Is the plan of care documented?

4. Intervention
   • Was appropriate justification of all interventions included?
   • Were interventions modified when appropriate within a reasonable period of time?
   • Was the use of interventions that produce similar physiological responses non-duplicative and justified by evidence of improved condition in a reasonable period of time?

5. Provider Credentials
   • Do services entitled "physical therapy" or "physiotherapy" show evidence of having been provided by or under the direction and supervision of a licensed physical therapist?
   • When a physical therapist assistant was involved in providing service, was the physical therapist assistant directed and supervised by a physical therapist in accordance with state laws and regulations?

6. Billing Statements
   • Are fees reasonable for the geographic area?
   • Do the billing dates correspond with documentation?
   • Was the patient/client concurrently billed for the same intervention by another provider?
   • Is the license number of the physical therapist rendering or directing the provision of physical therapy services on all billings for physical therapy?

VII. Definition and Utilization of the Physical Therapist Assistant

Definition:
The physical therapist assistant is a technically educated health care provider who assists the physical therapist in the provision of physical therapy. The physical therapist assistant is a
graduate of a physical therapist assistant associate degree program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

**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 may modify an intervention in accordance with changes in patient/client status within the scope of the established plan of care.

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/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.

Relation to Vision 2020: Autonomous Practice
(Payment Policy & Advocacy Department, ext 8511)

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**Explanation of Reference Numbers:**
BOD P11-97-06-18 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.