

# “INCIDENT TO” SERVICES – GET INVOLVED!

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As I write this editorial, a Senate bill – S 3963 – has just been proposed - with the intent to rescind the current “incident to” regulations that standardize existing Medicare requirements that physical therapy services must be delivered by qualified personnel in all outpatient settings. In addition, this bill will authorize athletic training services and lymphedema therapy services as covered benefits under Medicare. As a physical therapist, I am writing this editorial to urge you to oppose this legislation to ensure safe, high quality rehabilitation services under Medicare. This legislation would overturn Medicare rules put in place to ensure that physical therapy services are provided by qualified individuals. These rules were implemented in 2005 by the Centers for Medicare and Medicaid Services (CMS) to close a loophole being used by physicians to bill Medicare for the services of non-qualified personnel providing therapy services “incident to” the physician’s professional services. The rules were implemented based on two reports from the Department of Health and Human Services’ Office of Inspector General (OIG) that demonstrated inappropriate billing of physical therapy services by non-qualified individuals.

I encourage all physical therapists to contact their Senator and express their concerns that S 3963 will compromise the quality of care the Medicare beneficiaries deserve - care that is safe and of the highest quality. If you are a physical therapist and an athletic trainer, you are in a unique position to discuss the qualifications of personnel providing services to Medicare beneficiaries and the impact of this recently introduced legislation (S 3963). Members of the Sports Physical Therapy Section are in position to take the lead in educating their Senators. I ask the PT-ATCs in the Section to explain the types of services we perform, the patient populations we treat, and the coursework and clinical educational requirements physical

therapists must satisfy to graduate and become licensed.

**Patient Population:** Physical therapists are the only health care professionals who are qualified to provide physical therapy examinations, evaluations, diagnoses, prognoses, and interventions. Physical therapists are educated and clinically prepared to treat patients throughout the life span presenting a wide range of health care needs and co-morbidities. Indeed, the Commission on Accreditation on Physical Therapy Education of the American Physical Therapy Association (“CAPTE”) requires that physical therapist students treat patients of all ages in order for the program to maintain accreditation. As such, physical therapists are skilled at serving the Medicare population, whether those patients are older individuals, or persons afflicted with chronic diseases or conditions, or individuals with multiple comorbidities or illnesses requiring complex treatment plans.

**Education:** Physical therapist graduates from 1960 to the present must have received their degree from educational programs accredited by CAPTE. As of January 2002, CAPTE accreditation is limited to only those professional education programs that award the post baccalaureate degree. So, physical therapists must be professionally educated at the post-baccalaureate level to obtain a license. Recent data about physical therapist education programs shows that the average length of academic, classroom training in accredited programs is over 1700 hours and the average length of clinical training in accredited programs is over 1300 hours. Non-clinical coursework for physical therapists most often includes anatomy, histology, physiology, biomechanics, kinesiology, neuroscience, pharmacology, and pathology. In addition, all physical therapist students receive training devoted to the four clinical domains of musculoskeletal, neurologic, integumentary, and cardiovascular/pulmonary conditions. In my experience, courses necessary to fulfill the requirements for a physical therapist degree tend to be offered by faculty in an institu-

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tion's medical school, dedicated physical therapy school, or higher-level science departments.

According to studies conducted by fellow academics at Armstrong Atlantic State University in Savannah, Georgia, 75 percent of physical therapy programs require two courses in anatomy and physiology, two courses in physics, two courses in general chemistry, one course in statistics, one course in biology, and one course in psychology. Clinical programs and practicum are an important component of CAPTE-accredited educational programs attended by physical therapists. This education and clinical experience provides the physical therapist with the ability to screen, perform examinations and evaluations, establish diagnoses and prognoses, and treat patients of all ages that have impairments, functional limitations, disabilities, and changes in health status.

I strongly urge all physical therapists in the Sports Physical Therapy Section to get involved and to actively oppose S. 3963. Contact your Senator and let them know that Medicare beneficiaries deserve safe, high quality therapy services delivered only by those educated and clinically trained to provide these services. Maintaining the current qualification standards for personnel providing physical therapy "incident to" a physician's professional services is essential to patient safety, ensuring high quality care, and upholding the integrity of our clinical discipline. Ask your Senator to oppose S. 3963.