OT/OTA Student Supervision & Medicare Requirements

Historically, OT and OTA students have participated in the delivery of occupational therapy services under the supervision of occupational therapy personnel in a variety of fieldwork sites. The following provides information about the way in which the Centers for Medicare & Medicaid Services (CMS) interprets how and whether the Medicare program should provide payment for services provided by students.

In the article "Strategies for Creative Fieldwork Opportunities," AOTA's Academic Affairs, Federal Affairs, Practice, and Reimbursement and Regulatory Policy staff provide guidance for occupational therapy programs, fieldwork sites, and facilities.

For those settings that serve Medicare patients, it is important to be aware of both new and existing Medicare payment policies. CMS has published specific criteria relating to how and when the program will pay for services when the student participates in service delivery. When developing fieldwork plans for sites that serve Medicare patients, two issues must be considered:

1. Whether Medicare payment rules specifically allow students to participate in the delivery of services to Medicare beneficiaries, and
2. What type and level of supervision are required by the Medicare program.

All relevant Medicare coverage criteria must be reviewed if reimbursement is sought for services when the student participates in service delivery. In addition, many state practice acts and regulations address occupational therapy services provided by students. You can find the regulatory board contact information on the State-by-State OT Law Database located in the Licensure section of this Web site. For details regarding AOTA's position on level II fieldwork, please see the document Practice Advisory: Services Provided by Students in Fieldwork Level II Settings.

The following chart sets out for each Medicare setting whether Medicare payment rules specifically allow or restrict coverage of services provided by students and what type and level of supervision Medicare requires to raise the services provided by students to the level of covered "skilled" occupational therapy. Practitioners should take care to ensure an appropriate level of supervision, whether or not a specific CMS rule regarding students has been issued.

Medicare Coverage of Services When a Student Participates in Service Delivery

- **Medicare Part A—*Hospital and Inpatient Rehabilitation***
  Type and Level of Supervision of Student Required:
  CMS has not issued specific rules, but in the excerpt here referencing skilled nursing facilities (SNFs), CMS mentions other inpatient settings. In the Final SNF PPS Rule for FY 2012 (76 Fed. Reg. 48510-48511), CMS stated: "*We are hereby discontinuing the policy announced in the FY 2000 final rule's preamble requiring line-of-sight supervision of therapy students in SNFs, as set forth in the FY 2012 proposed rule. Instead, effective October 1, 2011,* ***as with other inpatient settings, each SNF/provider will determine for itself the appropriate manner of supervision of therapy students consistent with state and local laws and practice standards***." See relevant state law for further guidance on supervision for the services to be considered occupational therapy.

- **Medicare Part A—*SNF***
  Type and Level of Supervision of Student Required:
  The minutes of therapy services provided by OT and OTA students may be recorded on the MDS as minutes of therapy received by the beneficiary. Before October 1, 2011, services of OT and OTA students had to be provided in the "line of sight" of the OT. OTAs could provide clinical

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supervision to OTA students; however, if the services were to be recorded for payment purposes, they had to be performed in "line of sight" of an OT.
CURRENT POLICY: Effective October 1, 2011, line-of-sight supervision is no longer required in the SNF setting (76 Fed. Reg. 48510-48511). The time the student spends with a patient will continue to be billed as if it were the supervising therapist alone providing the therapy, meaning that a therapy student's time is not separately reimbursable. See the RAI Manual for the Minimum Data Set, Version 3.0 (MDS 3.0 RAI Manual), Chapter 3, Section O Therapies for more details and examples (http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html). According to the MDS 3.0 RAI Manual, supervising therapists and therapy assistants within individual facilities must determine whether or not a student is ready to treat patients without line-of-sight supervision. The supervising therapist/assistant may not be engaged in any other activity or treatment, with the exception of documenting. It is AOTA's policy that OTAs may supervise OTA students, not OT students.

- **Because of advocacy by AOTA, CMS has posted Recommended Guidelines by AOTA, APTA, and ASHA on its SNF PPS Web site**: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Spotlight.html (see Student Supervision Guidelines under "Downloads"). AOTA, APTA, and ASHA worked together to develop suggested guidelines for CMS to incorporate into its guidance on student supervision. CMS recognized the guidelines and posted them on its Web site. In the final rule, CMS stated, "we appreciate the detailed supervision guidelines that several of the trade associations have developed, which we recognize as playing a significant role in helping to define the applicable standards of practice on which providers rely in this context."

Recommended Skilled Nursing Facility Therapy Student Supervision Guidelines

Submitted to CMS by the American Occupational Therapy Association (AOTA)

during the comment period for the FY 2012 SNF PPS Final Rule

Please note, these suggested guidelines would be in addition to the student supervision guidelines outlined in the RAI MDS 3.0 Manual and all relevant Federal Regulations

- The amount and type of supervision as determined by the supervising therapist/assistant must be appropriate to the student's documented level of knowledge, experience, and competence.
- Students who have been approved by the supervising therapist or assistant to practice independently in selected patient/client situations can perform those selected patient/client services without line-of-sight supervision by the supervising therapist/assistant.
- The supervising therapist/assistant must be physically present in the facility and immediately available to provide observation, guidance, and feedback as needed when the student is providing services at all levels of supervision.
- When the supervising therapist/assistant has approved the student to perform medically necessary patient/client services and the student provides the appropriate services, the services will be counted on the MDS as skilled therapy minutes.
- The supervising therapist/assistant is required to review and sign all students' patient/client documentation for all levels of clinical experience and retains full responsibility for the care of the patient/client.
- The supervising therapist/assistant is required to have one year of practice experience prior to supervising any students.
- Students who have not been approved by the supervising therapist/assistant to practice independently require line-of-sight supervision by the qualified therapist/assistant during all services. In addition, under these circumstances the supervising therapist/assistant will have direct contact with the patient/client during each visit.

- **Medicare Part A—*Hospice***
  Type and Level of Supervision of Student Required:
  CMS has not issued specific rules. AOTA is recommending that the approach for Part A inpatient settings be followed for hospice providers. See relevant state law for further guidance on supervision for the services to be considered occupational therapy.

- **Medicare Part A—*Home health***
  Type and Level of Supervision of Student Required:
  Regulations (§484.115) specifically cite definitions for "qualified personnel", which do not include students. However, CMS has not issued specific restrictions regarding students providing services in conjunction with a qualified OT or OTA. Services by students can be provided (as allowed by state law) as part of a home health visit, when the student is supervised by an OT or OTA in the home. AOTA is recommending that the approach for Part A inpatient settings be

followed for home health agencies. See relevant state law for further guidance on supervision for the services to be considered occupational therapy.

- **Medicare Part B—*Private Practice, Hospital Outpatient, SNF, CORF, ORF, Rehabilitation agency, and other Part B providers including home health agencies when providing Part B services***
  Type and Level of Supervision of Student Required:
  Under the Medicare Part B outpatient benefit, the services of students directly assisting a qualified practitioner (OT) are covered when the type and level of supervision requirements are met as follows: Students can participate in the delivery of services when the qualified practitioner (OT) is directing the service, making the skilled judgment, responsible for the assessment and treatment in the same room as the student, and not simultaneously treating another patient. The qualified practitioner is solely responsible and must sign all documentation.
  For details about current student supervision guidelines that affect Part B in SNFs in particular, see http://aota.org/News/AdvocacyNews/SNF-Students.aspx?FT=.pdf.

  Following is guidance to the entities that pay for Medicare benefits contained in the Medicare Benefit Policy Manual, Chapter 15 – see Section 230B:

  > **1. General**
  > Only the services of the therapist can be billed and paid under Medicare Part B. The services performed by a student are not reimbursed even if provided under "line of sight" supervision of the therapist; however, the presence of the student "in the room" does not make the service unbillable. Pay for the direct (one-to-one) patient contact services of the physician or therapist provided to Medicare Part B patients. Group therapy services performed by a therapist or physician may be billed when a student is also present "in the room".
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  > **EXAMPLES:**
  > Therapists may bill and be paid for the provision of services in the following scenarios:
  > • 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 the skilled judgment, and is responsible for the assessment and treatment.
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  > • The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.
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  > • The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician's service, not for the student's services).

AOTA continues to work with a coalition of practitioner organizations to advocate for additional government support for education of allied health providers and to develop long-term solutions to the problems caused by Medicare's limitations on reimbursement when students participate in service delivery.