

Eli's Rehab Report

READER QUESTIONS: Don't Stretch Your Cardiac Rehab Supervision Limits

Question: I am starting a hospital outpatient cardiac rehab department in a small rural town. Medicare guidelines require that a physician must be immediately available and accessible for medical consultation and emergencies. I understand from a Reader Question in the last issue that therapists aren't held to the supervision requirement since it is in the Outpatient Prospective Payment System and the Medicare Physician Fee Schedule pays the therapy benefit. My first question is, does the supervision requirement apply to cardiac rehab even if my team of physical therapists is doing the rehab?

Secondly, if the supervision requirement does apply in this case, who is eligible to supervise? Our hospital only has one physician and one nurse practitioner. Often, only one of them is at the hospital. Will the nurse practitioner meet Medicare requirements for a supervisor?

-- Arizona subscriber

Answer: To your first question, cardiac rehab is paid for under the Outpatient Prospective Payment System (OPPS), so the supervision requirements to have a physician immediately available do apply. Who performs the cardiac rehab doesn't matter -- you're still billing for OPPS services, so you have to play by OPPS rules.

Good news: APTA has been in conversation with CMS regarding the gray area of PTs that do cardiac rehab since it is not a rehab therapy benefit. So keep your ears alert to news on that front.

To your second question, no, a nurse practitioner will not be eligible to act as a supervisor in a physician's place, nor will a physician's assistant. My best advice is, until you can find a physician who can be on staff full-time, limit your cardiac rehab hours to the times your physician is on site.

-- Reader Questions were answered by **Rick Gawenda, PT**, director of finance for Kinetix Advanced Physical Therapy, Inc. and president/CEO of Gawenda Seminars & Consulting.