

Eli's Rehab Report

Reader Questions: Get to the Bottom of the 'Aides Treating in Inpatient Rehab' Issue

Question: The health system I work for says it's OK for our inpatient rehab unit to give therapy aides their own case load of patients if the physical therapists tell the aides what to do and sign off on it. This practice feels sketchy to me, but this health system cites our state practice act, which says aides are allowed to conduct therapeutic exercise as long as the physical therapist is directly supervising (aka in the same building). Can you verify whether my health system is in the right? I very much would like to tell them the contrary.

-- Virginia subscriber

Answer: Therapy aides are authorized to perform support services for licensed or certified skilled therapy practitioners, and it doesn't sound like your hospital system's setup follows that pattern. A therapy aide's services may be a useful adjunct to the overall rehabilitation program, but Medicare and most private payers do not consider aide services skilled. Furthermore, an aide's unskilled work would not meet the IRF intensity of therapy criterion used to evaluate the appropriateness of IRF care.

You must also consider the billing aspect of this issue. Therapy minutes that a rehab aide provides do not count towards the 3-hour requirement. CMS re-clarified this regulation in the IRF FY 2010 final rule. Read page 38902 on this link for the reference in writing: <http://edocket.access.gpo.gov/2009/pdf/E9-18616.pdf>.

Bottom line, an aide does not meet the requirements of a qualified professional in Medicare's terms, so a therapist signing off and billing for their time sets up your health system for major compliance violations and puts the patient at risk for less-than-quality care, or worse.