Direct Access in Hospital-Based Outpatient Settings

Medicare has specific regulations that may impact physical therapists who wish to provide direct access services in hospital-based outpatient settings. These requirements are part of Medicare’s Conditions of Participation (CoP) which describe the standards of patient care that a hospital must comply with in order for a hospital to participate in the Medicare program.

These requirements are separate and distinct from the requirements for payment that are familiar to most physical therapists that require that the physician sign the physical therapist’s Plan of Care for each patient. It is important to note that Medicare CoPs apply not only to services provided to Medicare beneficiaries but to services provided to ALL patients (Medicare and non-Medicare patients) in both inpatient and outpatient settings.

Medicare’s Conditions of Participation for Rehabilitation services (Sec. 482.56) states the following: 

(b) Standard: Delivery of services. Services must only be provided under the orders of a qualified and licensed practitioner who is responsible for the care of the patient, acting within his or her scope of practice under State law, and who is authorized by the hospital’s medical staff to order the services in accordance with the hospital policies and procedures and State laws.

Additionally, there is language in the CoP regulations that indicates that the governing body of the hospital has the authority to determine which non-physician practitioners are qualified to order rehabilitation services. In the past several years, some hospitals have attempted to remain in compliance with Sec. 482.56 by having the governing body of the hospital designate physical therapists as practitioners qualified to order rehabilitation services.

This issue became more complicated in 2010 when CMS indicated that it had received several public requests for clarification of this specific practice of allowing physical therapists to order physical therapy services. CMS indicated concern about potential conflict of interest and indicated an intention to clarify language to stop this practice. APTA submitted comments in response to this notification and stressed that the requirement for an order is inconsistent with state law and physical therapist scope of practice.

In July 2010, CMS posted the final rule on this topic. In response to APTA’s comments, CMS stated that state laws and medical staff bylaws can govern who can order the rehabilitation services. If direct access is allowed under state law and hospital medical bylaws, then the physical therapist is allowed to order physical therapy services.

In summary, under the current regulations it is permissible, when allowed by state law, for physical therapists to work with the governing board of a hospital to facilitate a hospital by-laws change to allow physical therapists to be designated as qualified practitioners who are able to order physical therapy services. The process for making this change will be specific to each hospital setting.

It is important to point out that several states have additional laws that may impact the delivery of services in hospital-based settings. It is necessary for physical therapists to be aware of laws and regulations that govern not only the practice of physical therapy but also the delivery of services in hospitals. State departments of health often have laws and regulations that govern hospital practice. Compliance departments in hospitals may be helpful during this process.
Hospital Based Direct Access


Course Type: Audio Course | The Source

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Price: $75 Member | $120 Nonmember (subject to change)

CEU: .2 CEUs (2 contact hours)

Description: Direct access to physical therapist services is important to all patients including those in hospital-based outpatient settings. The complexity of the hospital environment often makes the integration of outpatient direct access services difficult for physical therapists to navigate. Experts will describe the benefits and discuss ways to overcome barriers and successfully integrate direct access into hospital-based outpatient centers.

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