Curtis, PT, MPT, NCS, is a practicing physical therapist and neurologic specialist with 10 years of experience in an outpatient rehabilitation center. He is also a clinical instructor. Nora, a DPT student who is completing her 16-week clinical internship, can’t wait to graduate.

Because her performance has been exemplary, Curtis decides to let Nora manage several Medicare patients independently, without his supervision.

Confident and caring, Nora provides these patients appropriate treatment following a plan of care. She thoroughly and accurately documents the care she delivered so that the facility can bill Medicare.

What Nora doesn’t realize—and what Curtis should know—is that students can participate in the delivery of care, but a licensed physical therapist must be present for the entire session to direct the service and make skilled judgments about care in order to bill Medicare for outpatient physical therapy.

Could the government or private payers view any of your day-to-day practices as abuse, waste, or fraud?

The health care payment system is complex. The gap between what we know and what we ought to know about compliance, documentation, fraud, and abuse is expanding.

It’s time to bridge the knowledge gap—what you don’t know CAN hurt you.

Program integrity efforts have intensified to find and stop bad actors, but honest, well-intentioned practitioners are also getting caught up in the government’s wide net.

APTA is committed to helping you ensure that you’re not one of them.