

§ 486.150

equipment and shielding are in compliance with the safety standards outlined in § 486.108.

[34 FR 388, Jan. 10, 1969. Redesignated at 42 FR 52826, Sept. 30, 1977. Further redesignated and amended at 60 FR 2326, Jan. 9, 1995; 60 FR 45086, Aug. 30, 1995; 60 FR 50447, Sept. 29, 1995]

Subpart D—Conditions for Coverage: Outpatient Physical Therapy Services Furnished by Physical Therapists in Independent Practice

§ 486.150 Condition for coverage: General requirements.

In order to be covered under Medicare as a supplier of outpatient physical therapy services, a physical therapist in independent practice must meet the following requirements:

- (a) Be licensed in the State in which he or she practices.
- (b) Meet one of the personnel qualifications specified in § 485.705(b).
- (c) Furnish services under the circumstances described in § 410.60 of this chapter.
- (d) Meet the requirements of this subpart.

[60 FR 2329, Jan. 9, 1995]

§ 486.151 Condition for coverage: Supervision.

The services are furnished by or under the direct supervision of a qualified physical therapist in independent practice.

[60 FR 2329, Jan. 9, 1995]

§ 486.153 Condition for coverage: Compliance with Federal, State, and local laws.

The physical therapist in independent practice and staff, if any, are in compliance with all applicable Federal, State, and local laws and regulations.

(a) *Standard: Licensure of facility.* In any State in which State or applicable local law provides for the licensing of the facility of a physical therapist, such facility is:

- (1) Licensed pursuant to such law; or
- (2) If not subject to licensure, is approved (by the agency of such State or locality responsible for licensing) as

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meeting the standards established for such licensing.

(b) *Standard: Licensure or registration of personnel.* The physical therapist in independent practice and staff, if any, are licensed or registered in accordance with applicable laws.

[41 FR 20865, May 21, 1976, unless otherwise noted. Redesignated at 42 FR 52826, Sept. 30, 1977. Redesignated and amended at 60 FR 2326, 2329, Jan. 9, 1995]

§ 486.155 Condition for coverage: Plan of care.

For each patient, a written plan of care is established and periodically reviewed by the individual who established it.

(a) *Standard: Medical history and prior treatment.* The physical therapist obtains the following information before or at the time of initiation of treatment:

- (1) The patient's significant past history.
- (2) Diagnosis(es), if established.
- (3) Physician's orders, if any.
- (4) Rehabilitation goals and potential for their achievement.
- (5) Contraindications, if any.
- (6) The extent to which the patient is aware of the diagnosis(es) and prognosis.

(7) If appropriate, the summary of treatment provided and results achieved during previous periods of physical therapy services or institutionalization.

(b) *Standard: Plan of care.* (1) For each patient there is a written plan of care that is established by the physician or by the physical therapist who furnishes the services.

(2) The plan indicates anticipated goals and specifies for physical therapy services the—

- (i) Type;
- (ii) Amount;
- (iii) Frequency; and
- (iv) Duration.

(3) The plan of care and results of treatment are reviewed by the physician or by the therapist at least as often as the patient's condition requires, and the indicated action is taken.

(4) Changes in the plan of care are noted in the clinical record. If the patient has an attending physician, the