

AM SIS FAQ

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Continuing Education (CEU/CE)

1. Does professional development/continuing ed provided to OT departments in public schools count towards OT license renewal requirements?

- It should not be a problem, as long it is the school that is offering/sponsoring the program. If it is an individual practitioner offering the program, they would have to become an approved sponsor. Make sure to look at the rules, so you know what to put on the certificate and keep the records of the course for the specified amount of years.

- Reference:

<https://www.ilga.gov/commission/jcar/admincode/068/068013150001450R.html>

2. What institutions are considered approved CE sponsors?

- A) American Occupational Therapy Association (AOTA) and its affiliates;
- B) American Physical Therapy Association (APTA) and the Illinois Physical Therapy Association (IPTA);
- C) AOTA approved sponsors;

- D) American Speech and Hearing Association (ASHA) and the Illinois Speech and Hearing Association (ISHA);
- E) American Medical Association (AMA) and the Illinois State Medical Society (ISMS) and their affiliates;
- F) Colleges, universities, community colleges or institutions with occupational therapy or occupational therapy assistant education programs accredited by the American Council for Occupational Therapy Education (ACOTE).
- G) Regionally accredited colleges and universities;
- H) American Society of Hand Therapists;
- I) Licensed hospitals;
- J) State agencies;
- K) Educational institutions that provide occupational therapy services, including, but not limited to, public or private primary and secondary schools (e.g. Early Intervention)
- New proposed additional entities as sponsors:
 - Educational associations that offer continuing education opportunities such as the: National Educational Association (NEA), Illinois Education Association (IEA)
 - Educational institutions that provide occupational therapy services, including, but not limited to, public or private primary and secondary schools;
 - Illinois State Board of Education (ISBE)
 - National Board for Certification Occupational Therapy (NBCOT)
- New proposed additional CE opportunities:
 - Doctoral Capstone Experience Mentorship
 - Fieldwork Educator
 - Professional Development Plan
 - Reference:
 - <https://www.ilga.gov/commission/jcar/admincode/068/068013150001450R.html>

3. What is the expectation for certificate documentation from CE courses/programs?

- "It shall be the responsibility of the sponsor to provide each participant in a program with a certificate of attendance signed by the sponsor. The sponsor's certificate of attendance shall contain:
 - i) The name and address and license number of the sponsor;
 - ii) The name of the participant and his/her license number;
 - iii) A detailed statement of the subject matter;
 - iv) The number of hours actually attended in each topic;
 - v) The date of the program; and
 - vi) Signature of the sponsor.
 - vii) The sponsor shall maintain these records for not less than 5 years
 - Reference:
<https://www.ilga.gov/commission/jcar/admincode/068/068013150001450R.html>

4. If I am active-duty military, do I need to complete the required CE courses to maintain my license?

- Waiver of CE Requirements
 - 1) Any renewal applicant seeking renewal of his/her license without having fully complied with these CE requirements shall file with the Division a renewal application, the renewal fee set forth in Section 1315.130, a statement setting forth the facts concerning the non-compliance, and a request for waiver of the CE requirements on the basis of these facts. If the Division, upon the written recommendation of the Board, finds from the affidavit or any other evidence submitted that good cause has been shown for granting a waiver, the Division

shall waive enforcement of these requirements for the renewal period for which the applicant has applied.

- 2) Good cause shall be defined as an inability to devote sufficient hours to fulfilling the CE requirements during the applicable pre-renewal period because of:
 - Full-time service in the armed forces of the United States of America during a substantial part of such period; or
 - Extreme hardship, which shall be determined on an individual basis by the Board and shall be limited to documentation of:
 - An incapacitating illness documented by a currently licensed physician;
 - A physical inability to travel to the sites of approved programs; or
 - Any other similar extenuating circumstances.
- 3) If an interview with the Board is requested at the time the request for the waiver is filed with the Division, the renewal applicant shall be given at least 20 days written notice of the date, time and place of the interview by certified mail, return receipt requested.
- 4) Any renewal applicant who submits a request for waiver pursuant to subsection (g)(1) shall be deemed to be in good standing until the Division's final decision on the application has been made
 - Reference:
<https://www.ilga.gov/commission/jcar/admincode/068/068013150001450R.html>

5. Can courses taken for a non-OT Master's degree qualify for continuing education credits for my OT licensure renewal?

- Here is the section of the Illinois OT Practice Act Rules on Continuing Education:

- (a)(4): Courses that are part of the curriculum of an accredited university, college or other educational institution shall be allotted CE credit at the rate of 15 CE hours for each semester hour or 10 CE hours for each quarter hour of school credit awarded. There is no restriction on the amount of CE hours that can be earned in this manner per renewal period.
- CE must be related to a licensee's current or anticipated roles and responsibilities in occupational therapy and must directly or indirectly serve to protect the public by enhancing the licensee's continuing competence.
 - Reference: <https://idfpr.illinois.gov/profs/occtherapy.html>

6. Is there a limit to the number of CE credits that can be earned via webinars/livestream CE formats, on demand formats, versus live/in person formats for OTR licensure renewal cycle in IL?

- In the Illinois OT Practice Act Rules Section 1315.145 on Continuing Education provides in section (b)(2) the following:
 - “Regardless of delivery method, all CE hours must be earned by verified attendance or participation in a program that is offered by an approved CE sponsor who meets the requirements set forth in...”
- The “regardless of delivery method” allows for all in-person, all virtual, or a combination of CE courses. There is no limit on hours or the way the course was taught. Make sure you have a copy of the agenda and certificate of completion. Currently, OTPs need to fulfill the specific hours for Implicit bias, sexual harassment, ethics and dementia training for healthcare professionals either through an **approved** live or virtual course. Any hours that fit Illinois criteria also meet NBCOT criteria.
 - Reference: [Illinois OT Practice Act Rules at this link](#); [Continuing Education](#)

7. How do I figure out if a certain course(s) qualifies for CE credit for IL state licensure?

- Refer to the Continuing Education section of the Illinois Practice Act Rules which outlines the type of CEUs you can apply to your renewal
 - Reference: [Continuing Education](#)

8. If an OT hosts a journal club, does that count towards state licensure? If an OT attends journal club, does that count towards state licensure?

- It shouldn't make a difference if you are the leader or participant. The relevant section on CE of the Illinois practice act are in (c)(1) and (c)(2):
 - CE may also be earned from the following activities:
 - 1) Independent Study
 - A) Independent study activities include, but are not limited to, reading books or journal articles.
 - B) A licensee may earn contact hours spent in an independent study activity with a maximum of 4 contact hours per renewal period.
 - C) Documentation shall include title, author, publisher, time spent, and date of completion. A licensee shall include a statement that describes how the activity relates to a licensee's current or anticipated roles and responsibilities.
 - 2) Professional Study Group
 - A) A licensee may earn up to 12 contact hours per renewal period participating in a professional study group or online study group designed to advance knowledge through active participation.

- B) Documentation shall include goals and objectives, summary of the discussion, and dates, times and results of the study group.
 - Reference: [CE of the Illinois OT Practice Act Rules](#)

9. Do CE courses approved by all APTA chapters count for OT/COTA credit in IL?

- The section of the Illinois OT Practice Act Rules on Continuing Education, APTA and IPTA are listed as approved CE sponsors but it notably omits “and its affiliates” as is included elsewhere. Other state OT associations would be an approved provider but not the state PT associations.
 - Reference: [https://urldefense.com/v3/https://www.ilga.gov/commission/jcar/admincode/068/068013150001450R.html;!!PrVBqITvcBbYrqSF!VZus78TYVHNT1V5foj7S5qBITsk8zqDaq_ksFOtN6wq2uHQcMUrr1MtArERr1lt6E-Du-g\\$](https://urldefense.com/v3/https://www.ilga.gov/commission/jcar/admincode/068/068013150001450R.html;!!PrVBqITvcBbYrqSF!VZus78TYVHNT1V5foj7S5qBITsk8zqDaq_ksFOtN6wq2uHQcMUrr1MtArERr1lt6E-Du-g$)

10. Does certification for the NIHSS (stroke scale) count towards CEUs for IL OT license renewal?

- It does fall under a couple of categories, these are recommended as your justification:
 - 11) Advanced Competence Recognition/Specialty Certification
 - A) Advanced recognition and/or specialty certification from a nationally recognized certifying body or approved provider.
 - B) A licensee may earn 12 contact hours for each advanced competence recognition or specialty certification credential earned during a renewal period.
 - C) Documentation includes certificate of completion or other documentation that identifies satisfactory completion of requirements for

obtaining advanced competence or specialty certification.

- Reference:

<https://www.ilga.gov/commission/jcar/admincode/068/068013150001450R.html>

Eligibility to Practice

ILOTA has no regulatory authority over licensure matters. That is handled by IDFPR, please refer to IDFPR [here](#)

11. What courses are required to renew my OT license?

- Required courses include: 1 hour ethics course, 1 hour sexual harassment course, 1 hour implicit bias course and 1 hour dementia training for healthcare professionals which shall only apply to licensees who provide health care services to, and have direct patient interactions with, adult populations age 26 or older in the practice of the licensee's profession. It is suggested that all therapists complete dementia training as therapists may change practice areas during the licensure period or may work with older carepartners when working in pediatrics. ILOTA currently offers free courses for members. Note these courses are included in the 24 CEU hours required for renewal (not in addition)

- Reference:

<https://www.ilga.gov/commission/jcar/admincode/068/068013150001450R.html>; <https://ilota.mclms.net/en/package/list>

12. Will ILOTA be releasing an updated ("Sexual Harassment in the Workplace: An Occupational Therapy Perspective") or new course which ILOTA members can subscribe to for free?

- We are not currently planning to replace the current sexual harassment training course. We have had the same ethics

training course for a few years, members and non-members have re-taken that course, as needed, every couple of years for the licensure renewal.

- Reference: <https://ilota.memberclicks.net/sexual-harassment-training-course>

13. Do I need to be a practicing OTP to maintain my license in Illinois?

- You do not need to be practicing as an OTP to maintain an active license in IL. You would need to complete the CE requirements and pay the fees every 2 years
 - There are also some CE options that were designed for non-practicing therapists to easily obtain
- An alternate option is to go on inactive status as long as you go back to active status within 5 years
 - Reference: <https://www.ilga.gov/Commission/jcar/admincode/JCARTitlePart.asp?Title=068&Part=1315>

14. Are recent graduates eligible to work as an OTP once they are eligible to take the NBCOT exam?

- The IL practice act states:
 - “If the applicant has been determined eligible for licensure except for passing of the examination, the applicant shall be issued a letter of authorization which allows him/her to practice under supervision in accordance with Section 3(6) of the Act. Supervision means the presence of the licensed occupational therapist on site at least 75% of the employee's work hours. The applicant shall not begin practice as an occupational therapist or occupational therapist assistant, license pending, until the letter of authorization is received from the Division or until the employer verifies that the application is on file with the Division.”

- Reference:

<https://www.ilga.gov/commission/jcar/admincode/068/068013150001100R.html>

- However, OT services in post-acute settings that receive their reimbursement from Medicare and private insurances (that follow Medicare guidelines), newly graduated, license-pending OTPs were not allowed to provide billable skilled services (CPT codes) as per the organizational policy
- It is best practice to ask your billing office to reach out to your 3rd party payers and follow the most restrictive policy to protect all stakeholders

15. What is the process for transferring my license to Illinois from another state?

- Our association does NOT handle regulatory or licensure matters. We are not a state agency, just the nonprofit association for the profession in Illinois. You need to contact the Illinois Department of Financial & Professional Regulation (IDFPR).
 - Reference: <https://idfpr.illinois.gov/profs/occtherapy.html> or via phone (888) 473-4858
- Keep in mind that the IDFPR will require all your information from your current state license. It can become much more difficult if you don't have a current valid license in another state. The process can take 10-12 weeks or more in Illinois so make sure you give yourself plenty of time

16. Are OTs able to work for a group mental health practice under the scope of their license? Are there certain conditions they are allowed to treat? Would it be appropriate for them to bill under CPT codes used by mental health professionals?

- An OT can work for a mental health practice under our licensure act. We are considered Qualified Mental Health

Providers in the state but that is limited to positions that are not diagnosticians. We **cannot** bill under mental health/psychoanalysis CPT codes. We are not trained for that. OTs in community mental health are being billed as part of the ACT and CST teams. OTPs in mental health settings should utilize OT CPT codes.

- Reference: <https://www.ilota.org/mental-health-sis-resources>

Physical Agent Modalities

17. What is required to use Physical Agent Modalities e.g. e-stim, diathermy, ultrasound, and hot packs for OTRs and COTAs that practice in Illinois?

- Per the Illinois practice act:
 - A) a minimum of 14 hours of didactic training in a program defined in subsection (b)(2) that includes demonstration and return demonstration as part of a lab component and an examination. The training session shall include the mechanics and precautions of using the modality safely as well as case studies and problem solving on when to use. The ethics, economics, liability, and insurance issues related to using modalities shall also be addressed in the educational process.
 - B) five clinical treatments in each modality supervised by a licensed healthcare professional trained in the use of the modality.
- An employer could require documentation for your personnel file. It is suggested that your personnel file contain the documentation for eligibility for the use of PAMs even if it has not been required. There is no registry with IDFPR for therapists that meet the criteria for being able to use modalities, it is the responsibility of the therapist to be in compliance with the Practice Act.

- Reference:
<https://www.ilga.gov/commission/jcar/admincode/068/068013150001620R.html>

18. What should be included in PAMs certification documentation?

- The training shall be documented and made available to the Division or Board upon request. Documentation shall include:
 - A) a transcript or proof of successful completion of the coursework, including the number of educational hours;
 - B) the name and address of the individual or organization sponsoring the activity;
 - C) the name and address of the facility at which the activity was presented;
 - D) a copy of the course, workshop, or seminar description that includes topics covered, learning objectives, credentials of presenters and standards for meeting the objectives;
 - E) documentation of the 5 clinical treatments that includes date of the treatments, the modality and the name and credentials of the supervisor.
 - Reference: [Illinois OT Practice Act Rules Section on Modalities](#);
 - <https://www.ilga.gov/commission/jcar/admincode/068/068013150001620R.html>

19. If I am currently licensed in IL by the process of the compact but have a modalities certificate from another state, am I allowed to practice modalities in the state of IL?

- OT practice act Section 1315.162 indicates
 - The didactic training shall be obtained through educational programs, workshops, or seminars offered or approved by a college or university, Illinois Occupational

Therapy Association, the American Occupational Therapy Association and its affiliates, Illinois Physical Therapy Association, the American Physical Therapy Association, National Board for Certification in Occupational Therapy (NBCOT), or the Hand Therapy Certification Commission.

- Reference:

<https://www.ilga.gov/commission/jcar/admincode/068/068013150001620R.html>

- It is suggested to compare your modalities didactic portion as well as your supervised treatments to the IL requirements and keep a copy of the agenda and covered material for your personnel file. Also note that it is possible that an IL employer may not accept your out of state training.

20. Can a Physical Therapist supervise an OT for their required dry needling supervised hours in Illinois?

- Yes, provided the PT meets the necessary criteria below and is supervising an OTR, not a COTA
 - The clinical supervisor for the treatment session shall:
 - A) Be licensed or certified and in good standing in this profession or another profession within Illinois that permits the use of the physical agent modalities; and
 - B) Be a practitioner with demonstrated competence in the physical agent modality; and
 - C) Have a minimum of 1 year of clinical experience, within the previous 3 years, in the use of the physical agent modalities.
- 6) Completion of at least 200 patient treatment sessions.
 - A) Occupational therapists must complete the treatment sessions under general supervision by a medical professional who has previously fulfilled the necessary dry needling/intramuscular manual therapy credentials.

- B) Occupational therapy assistants must complete the treatment sessions under direct line of sight supervision by a licensed occupational therapist who has previously met the requirements for dry needling/intramuscular manual therapy credentials.
 - Reference:
<https://www.ilga.gov/commission/jcar/admincode/068/068013150001620R.html>

OT/OTA Collaboration and Supervision

21. What are COTA supervision requirements?

- It varies depending on experience of the OTA and the practice area. This is for the benefit of both the OT and OTA, as well as consumer protection. It would be checked if there was a complaint issued to IDFPR, so it is important to keep records. It is the responsibility of the OTA to keep the records. The responsibility of the OT is of the standard of the treatment provided.
 - Reference:
<https://www.ilga.gov/commission/jcar/admincode/068/068013150001630R.html>

22. Can direct supervision for COTAs be completed via Zoom or Google Meet?

- It depends upon the experience of the OTA and the OT, the setting they are practicing in, the type of work being done, the guidelines identified by the payers of the service (Medicare every 10 visits, insurance similar, etc.) complexity of the issues at hand, comfort level of the OT providing the supervision
- AOTA guidelines indicate:
 - “A variety of types and methods of supervision apply to occupational therapy practice settings. Methods can include, but are not limited to, direct face-to-face contact

and indirect contact. Examples of methods or types of supervision that involve direct face-to-face contact include observation, modeling, demonstration with a client, discussion, teaching, and instruction. Examples of methods or types of supervision that involve indirect contact include phone and virtual interactions, telehealth, written correspondence, and other forms of secure electronic exchanges”

- Reference:

https://research.aota.org/ajot/article/74/Supplement_3/7413410020p1/6690/Guidelines-for-Supervision-Roles-and

- An OT needs to always keep in mind that they are responsible for anything they have delegated to an OTA. It is suggested that the OTA keep documentation regarding the supervision process. Some situations may require face to face for specific reasons
- Under the Public Health Emergency (PHE) supervision was allowed to be virtual.

23. Is the 5% supervision requirement for COTAs calculated according to patient care hours monthly or hours worked monthly?

- Neither the Act nor Rules specify the method of calculation
- It is the OTAs responsibility to keep records of the supervision. It is the OTRs responsibility for the standard of work performed by the OTA. The 2%-3% is based on the number of work hours not treatment hours. Most people base it on a month but nothing states it couldn't be a longer period of time. There should be an indication of the amount of time and if it were in person or other method of communication. Any interaction with the OTR should be recorded. The OTR should sign the documentation to show acceptance.

- Reference:

<https://www.ilga.gov/commission/jcar/admincode/068/068013150001630R.html>

24. Can the face-to-face supervision requirement be met through the patient? For example, in a home health setting, can the OTR discuss with the patient interventions used by the COTA at their previous visit to meet this requirement?

- Our practice act indicates:
 - a) A certified occupational therapy assistant shall practice only under the supervision of a registered occupational therapist. Supervision is a process in which 2 or more persons participate in a joint effort to establish, maintain and elevate a level of performance and shall include the following criteria:
 - 1) To maintain high standards of practice based on professional principles, supervision shall *connote the physical presence of the supervisors* and the assistant at regularly scheduled supervision sessions.

- Reference:

- <https://www.ilga.gov/commission/jcar/admincode/068/068013150001630R.html>

- It may be difficult to comply with the criteria in the home health practice area. Our Act and rules are both non-prescriptive on how and where the direct supervision is provided and in what time frames. 2% is about an hour a week. If it is based on patient contact hours, maybe even less. It could be achieved in a 1/2 day per month or one patient visit together a week. The combinations are quite endless. The OTR is responsible under their license for the standard of treatment.

25. In the state of Illinois is there a regulation regarding the ratio of the number of OTAs an OT can supervise at any given time?

- The practice act does not stipulate any specific number. However, based upon the 5% supervisory rule, the time you spend in supervision with multiple OTAs can add up and have

direct impact upon your schedule and productivity. Because the supervising OT is ultimately responsible for the work of the OTAs they supervise, it is essential that the OT feel professionally sound in the supervisory relationship. This can be hampered by an excess of OTAs to supervise. Additionally, there are factors imposed by third party payers. The Medicare policy that the OTR/L must provide a treatment time every 10th visit and a progress note would also factor into the ability to supervise ethically

- Reference:

<https://www.ilga.gov/commission/jcar/admincode/068/068013150001630R.html>

Documentation and Coding

26. CMS recently indicated new codes for caregiver education. However, these codes are not part of the fee schedule for IL Medicaid Payors. Is there a way to successfully bill and be reimbursed for these new codes? Is there any information about a timeline in which these codes might become available to IL clinicians?

- There are limited codes to bill for therapy services for any intervention. Caregiving codes may be interpreted differently as the patient is not present and it is unclear if you can generalize the use of the current code (97110) to the caregiving codes. We have requested the lobbyists of ILOTA, IPTA and ISHA to coordinate a meeting with HFS. Unfortunately, there has not been a meeting scheduled as of yet. The best way to perform care partner education is with the client present and engaged in an appropriately billable service. Clinicians have recorded care partner education as the service but instead used 97535, 97530 and 97110. Documentation required to support.

- Reference: <https://www.aota.org/advocacy/advocacy-news/2023/new-codes-support-reimbursement-for-caregiver-training>

27. Should OTPs contact IL legislators regarding the care giving code?

- When contacting legislators or departments, acknowledge their efforts (and the efforts of the ILOTA Medicaid task force) for supporting a 14.2% increase. This was a result of an almost 2 year tireless, persistent and volunteer effort from a small group of OTPs that resulted in the first increase realized in over a decade. The increase for pediatrics should allow facilities to break even with treatments (~\$60/hr) and realize a profit for evaluations (up to \$162 with a max 2 hours).

- Reference: <https://hfs.illinois.gov/medicalproviders/medicaidreimbursement/therapyfeeschedule.html>

28. Are there specific language and processes utilized in clinical documentation for discharge in an acute setting?

- We try not to share distinct level of care for the next level of treatment as we are often not aware of all nuances that could impact discharge planning (insurance, family situation etc.)
Mention could be made for the possible long-term goals that could influence future treatment options.
- Here are some examples used in various settings for discharge:
 - Home Health OT
 - Day Rehab 24/7 supervision for safety
 - Home Health OT and 24/7 supervision for safety
 - Outpatient OT and 24/7 supervision for safety
 - 1-2 hours daily skilled therapy by at least 1 discipline
 - 3 hours minimum intensive therapy at least 2 disciplines
 - Specialized medical care with ongoing therapy intervention
 - Placement in a care facility without skilled therapy

29. In a school setting, how long should OT treatment notes be kept on file after a student is discharged from OT services? Should the notes be kept on site or are they the property of the OTP?

- The notes are definitely the property of the entity / school and should be kept in their confidential school files
- The length of time to maintain the records is 7 years which is consistent with statute of limitations in Illinois and consistent with other professional settings including Early Intervention.
 - Reference:
https://www.ilota.org/assets/occupational_therapy%20resources%20042321.pdf

Ethics

30. How do I navigate ethical questions/concerns?

- OTPs licensed in Illinois are mandated to follow the AOTA code of ethics.
 - Reference AOTA's Code of Ethics
https://research.aota.org/ajot/article/74/Supplement_3/7413410005p1/6691/AOTA-2020-Occupational-Therapy-Code-of-Ethics

Emerging Practice Areas/Providing Intervention

31. Is coaching a viable option for a new service area as a practitioner?

- AOTA has a resource on incorporating coaching into occupational therapy practice
 - "The difference between a traditional occupational therapy approach and a coaching approach in this

example is noted in the process used by the therapist and client to arrive at the solution... Coaching-in-Context is an evidence-based approach that can enhance traditional occupational therapy practice, across a variety of settings, in a seamless manner by using active listening, skillful questioning, and reflective responding. Before using coaching in their practice, OTPs should seek advanced training to implement the approach with fidelity."

- Reference: <https://www.aota.org/publications/sis-quarterly/home-community-health-sis/hchsis-5-22>
- A related excerpt from the IL practice act indicates:
 - (t) habilitation, rehabilitation, and the promotion of physical and mental health and wellness for clients with all levels of ability-related needs and for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, and activity limitation or participation restriction.

32. How does direct access apply in an outpatient setting?

- First, and most importantly, your need for an MD order is dictated by your 3rd party payer. If you are billing through a 3rd party payer, then they would be the best authority on your question
- If you are billing private pay you can utilize the client's self-provided medical history and record to identify the most relevant medical diagnosis or diagnoses. We have always had the responsibility as evaluating OTs to identify the treatment diagnosis/es. You should strive to find the most specific and relevant treatment code that applies your client. Often this includes their medical diagnosis/es.
- The way the new referral language is written you would need to refer to a physician if progress is not being made under the guidelines. We do know this is problematic in some practice

areas and we are trying to get some clarification language.
Keep tuned for further developments

- Reference: <https://www.ilota.org/legislative-updates>

33. Is it up to the OT's discretion to request an MD order even though we have direct access? Especially OTs working in specialty areas

- It is always permissible to have an Md order, in fact many 3rd party payers require it for reimbursement. You could also determine in your practice location that an MD order is required related to the complexity of the clients seen by therapists.

- Reference: <https://www.ilota.org/legislative-updates>