

MEDICARE PART B THERAPY NOT HOMEBOUND

POLICY: Outpatient therapy may be provided to non-homebound patients with Medicare Part B coverage.

PERSONNEL: Billing, Therapists

PURPOSE: To outline the processes for outpatient B therapy when the Agency is providing the service.

PROCEDURE:

- I. Physical, speech, and occupational therapy services can be provided to outpatients by the Agency. The therapist performs the SOC/Initial Assessment. DO NOT use the OASIS form.
- II. Outpatient therapy services are covered as medical and other health services under Part B. Check CWF to determine Medicare Part B payor source and eligibility (page 1 of HIQA).
 - A. An individual is not required to be homebound to be eligible for these benefits.
 - B. Services must be reasonable and necessary for the treatment of the patient's condition.
 - C. Services must be specific and effective treatment of the patient's condition.
 - D. Services must be of such a level of complexity and sophistication, or the condition of the patient such that these services can only be safely and effectively performed by qualified physical, occupational or speech language pathologist or under his/her supervision.
 - E. There must be an expectation that the condition will improve significantly in a reasonable time period.
 - F. The patient must be under the care of a physician.
 - G. The need for the service is certified by the physician and put into writing before the services are rendered.
- III. Fill out consent form on admission to reflect 20% co-pay by patient. Check for supplemental insurance that may pay the co-pay and any deductible.
- IV. Do not use OASIS SOC or any other OASIS form. Use appropriate Therapy Admission form. OASIS collection and encoding and transmission are not required.
- V. Send orders on Practitioner's Plan of Care, not the 485 (the 485 requires the physician to certify homebound status).

- VI. Outpatient therapy services require HCPCS codes and number of units based on the service provided. Document HCPCS and units on therapy charges form. Part B services are billed on the CMS-1450 (UB-92) as bill type 34X.
 - A. Some services are billed in 15-minute units. Note the number of units and bill each unit per line item. Other services are billed per service.
 - B. In field 44, enter the number of units/services based on the procedure or service.
 - C. HCPCS codes identify the procedure provided more than one procedure can be billed for each visit.
 - D. Billing must be line item by dates of service per revenue code and HCPCS code.
 - E. Deductibles and co-payments apply and must be billed and collected.
- VII. When outpatient physical therapy, occupational therapy or speech language pathology services are continued under the same Plan of Care for a period of time, then the therapist must re-evaluate and the physician must recertify at intervals of at least every 30 days.
- VIII. Medicare does not cover mileage, as it is not considered reasonable and necessary for these non-homebound patients.
- IX. If the patient is currently on service under a home health plan of care (homebound) and becomes non-homebound and still requires therapy that can be provided under Part B, the following steps apply:
 - A. Present the patient with a HHABN indicating that the patient no longer is eligible for home health.
 - B. Perform the OASIS D/C Assessment to close the home health case. D/C code will be 01 – routine discharge.
 - C. Verify Part B and supplementary insurance coverage.
 - D. A new consent form will be completed indicating that the patient is responsible for 20%.
 - E. Use the appropriate Therapy Admission form to start Part B case.
- X. When the patient no longer qualifies for any Medicare services, the patient must be presented with an *Notice of Medicare Provider Non-Coverage (i.e. Expedited Notice)*