Home Health

Outpatient Therapy Billing

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What is Home Health Outpatient Therapy?

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What is Home Health OPT?

- **Not** part of the home health benefit
- Beneficiary is not required to be homebound
- There may **not** be corresponding home health services under a HH plan of care
  - Beneficiary must be discharged from the HH benefit

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What is Home Health OPT?

- Services must be furnished in accordance with the terms of a written contract
- The HHA assumes professional responsibility for the beneficiary

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What is Home Health OPT?

- There must be a valid therapy plan of treatment
  - Under the care of a physician
  - Services must be reasonable and necessary
- The services may be billed by a home health agency on a home health Part A claim
  - **Not** paid under the HH PPS

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What is Home Health OPT?

- Do **not** confuse with therapy services which are provided on an ***outpatient*** basis to the homebound patient who is receiving the home health benefit.
- Homebound patients may leave the home for medical and therapy services that **cannot** be delivered in the home such as whirlpool or parallel bars.
  - Leaving the home for reasons such as this does not compromise their homebound status and therefore do not need to be discharged from the home health benefit

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Home Health OPT

- Updates effective January 1, 2008
  - Personnel Qualifications and Policies
    - Updates to current professional standards
  - The re-certification of plans of care for outpatient Part B therapy services is required every 90 days.
    - Contractors shall **not** require recertification of outpatient therapy plans of care every 30 calendar days during treatment.
    - Contractors shall require that the new or significantly modified (changed) plan of care for outpatient therapy services be certified within 30 calendar days after the initial therapy treatment under that plan.
  - ***CMS Change Request 5921, effective January 1, 2008 with implementation June 9, 2008***

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Therapy Services

- Outpatient Physical Therapy (PT)
- Outpatient Occupational Therapy (OT)
- Outpatient Speech-Language Pathology (SLP)

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Reimbursement

- Provided to a beneficiary who has the Medicare Part B benefit
- Reimbursement to the Home Health Agency is calculated according to the Medicare Physician's Fee Schedule
- Coinsurance and Deductible apply

  – ***www.cms.hhs.gov/center/physician.asp***

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Outpatient Therapy Coverage Guidelines

- Local Coverage Determinations (LCDs) developed by Palmetto GBA and National Coverage Determinations (NCDs) developed by CMS are all housed in a central repository in the CMS web site

- References on next slide

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Outpatient Therapy Coverage Guidelines References

- www.palmettogba.com/rhhi
  - Medical Policies
- www.cms.hhs.gov
  - Medicare
    - Medicare Coverage Database
    - Search by number or policy name
    - Physician Fee Schedule Look-Up

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Local Coverage Determinations (LCD) Palmetto GBA

- Providers should refer to the following Local Coverage Determinations (LCDs) for guidelines
  - A25201-- Outpatient Speech-Language Pathology
  - L10214 -- Outpatient Physical Therapy
  - L12642 -- Outpatient Occupational Therapy

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Billing

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Outpatient Therapy Billing

- The following guidelines highlight the guidelines to billing outpatient therapy. Any fields that are normally completed that are not separately listed must still be completed
- HHA outpatient therapy claims can be entered into the Fiscal Intermediary Shared System (FISS) through Direct Data Entry (DDE)

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Billing

- No special state certification needed
- Covered under Medicare Part B
  - Billed on the CMS-1450 (UB04) billing form
  - Bill type 34X
  - Line item by dates of service with revenue code and modifier
  - **HCPCS codes are required**
    - Number of units based on the service provided e.g., based on the HCPCS code

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Outpatient Therapy Bill Type

- TOB = 34X
- 3rd digit -- Frequency
  - xx1 -- Admit through Discharge Claim
  - xx2 -- Admission Claim
  - xx3 -- Interim Claim
  - xx4 -- Discharge Claim
  - xx7 – Adjustment

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Statement Covers Period

- Beginning and ending dates of the period covered by this bill
- NOTE: This is a FROM and THROUGH date. Be sure your FROM date does not overlap with the THROUGH date on your prior bill

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Date of Admission

- FIRST Medicare billable service
- This is the same date as the SOC date on the care plan

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Patient Status

- Required field
- Two types
  - 01 -- Discharged
  - 30 -- Still a Patient

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Occurrence Codes & Dates

- 11 and date of onset of symptoms/illness
- 17 and date OT plan of care established or last reviewed
- 29 and date PT plan of care established or last reviewed
- 30 and date SLP plan of care established or last reviewed
- 35 and date treatment started for PT
- 44 and date treatment started for OT
- 45 and date treatment started for ST

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Value Codes & Amounts

- CBSA (Required)
  - Value Code = 61
  - Value Code Amount = CBSA code
    - Follow CBSA # with decimal and 00
    - **Example: Value Code 61 XXXXX.00**
- Corresponds to where care is rendered, not agency location

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Value Codes & Amounts

- Number of visits must be listed using the following codes
  - 50 and the number of PT visits
  - 51 and the number of OT visits
  - 52 and the number of ST visits
  - Number format should be the number of visits followed by a decimal and two zeros
    - example: 9 PT visits: 50 -- 9.00

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Revenue Code

- All services must be line item
- Acceptable revenue codes are:
  - 0420/0421 - Physical Therapy
  - 0430/0431 - Occupational Therapy
  - 0440/0441 - Speech Language Pathology
  - 0001- Total Line

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HCPCS Code

- Enter the applicable HCPCS code for the therapy service rendered
  - Use Physician Fee Schedule Look-Up
    - www.palmettogba.com/rhhi/ > Fee Schedules
    - www.cms.hhs.gov/center/physician.asp

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Modifier

- Enter the applicable modifier for the HCPCS code
- The modifier is placed next to the HCPCS code
  - GN - Service delivered by a speech language pathologist
  - GO - Service delivered by an occupational therapist
  - GP - Service delivered under by a physical therapist
  - KX – Outpatient therapy services when the beneficiary is qualified for exception to the therapy caps
    - ***Change Request 6222 – Extension of Therapy Cap Extension Process, effective Dec. 12, 2008***

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Principal Diagnosis Code

- Must be a valid ICD-9 code

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Other Diagnosis Codes

- Enter a valid ICD-9 code

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NPI

- Enter the NPI & name of the physician who signed the POC

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References

- www.cms.hhs.gov/manuals/
  - Internet Only Manual
    - CMS Pub.100-2; Chapter 15; Section 220, 230
    - CMS Pub.100-2; Chapter 7; Section 90
    - CMS Pub.100-4; Chapter 5
    - CMS Pub. 100-4; Chapter 10
    - CMS Pub. 100-4; Chapter 25

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THANK YOU!!!