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HOME HEALTH

# HOW TO INCREASE YOUR AGENCY'S REVENUE THROUGH HOME HEALTH OUTPATIENT THERAPY

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# WHAT WE WILL COVER TODAY

- Discuss Outpatient(OP) Therapy in a Home Health Agency (HHA) setting and a Clinic setting
- Understanding what is required for Billing OP under a HHA
- How OP therapy is reimbursed

# LEARNING OBJECTIVES

- Know the difference between Part A HHA therapy vs Part B OP therapy
- How you will be paid for OP therapy
- How to increase your revenue and census with OP therapy

# HOME HEALTH CAN DO OP THERAPY?

- YES!!!!

- Home Health is allowed to bill for Part B services under a Therapy Plan of Care.

# HOME HEALTH OUTPATIENT THERAPY

- Benefit:
  - Patient centered care
  - Continuity of care
  - Extended monitoring to decrease hospitalizations
  - Keep patients in your network
  - Keep referral sources happy
  - General supervision for PTA/OTA
  - No Oasis requirement
  - Less regulation than Home Health
  - No face to face (F2F)
  - Telehealth
- INCREASE REVENUE AND PROFITABILITY!

# WHAT IS NEEDED TO BEGIN

- Policies and procedures
- Software (OP software or HH Software or Key claims into DDE)
- Potential change in payment system for employees
- Staff education on transition from HH to OP
- New admission paperwork
- Billing
- Documentation training
- Ongoing auditing for compliance

# HOW TO START

- Determine if you want to bill through your PTAN or a Private practice PTAN
- If considering a private practice PTAN, then credentialing that practice will take 3-6 months with Medicare
- Some agencies choose both ways
- Start the business line coordination – seek consulting

# WHO IS APPROPRIATE TO TRANSITION TO OUTPATIENT?

- Non-homebound patients
- Patients that have Medical stability but need therapy refinement
- Patients that require more visits to achieve goals

# DOCUMENTATION

- Referral
- Consent to Treat form
- Evaluation
- Primary physician signed ***Therapy Plan of Care***
- Visit Notes
- Discharge summary
- Billing log

* All must be separate from the Home Health Episode

# IS AN OASIS NEEDED?

- No, if billed under a therapy plan of care.

# BILLING UNDER HOME HEALTH

- Outpatient therapy services may be furnished by a home health agency to individuals who are not homebound or otherwise are not receiving services under a home health plan of care (POC)
- These services are not paid under PDGM
- Home health agency's reimbursement for outpatient therapy services is calculated using the Medicare Physician Fee schedule

# BILLING UNDER HOME HEALTH

- Financial Gains in the long run for HHA
- If a homebound patient has improved to the point that he or she no longer needs HHA care, you would discharge and readmit under PART B OP Therapy
- Therefore, you would retain the patient and continue to provide care—under OP therapy.

# BILLING UNDER HOME HEALTH

- Claims can be entered directly into the Fiscal Intermediary Standard System (FISS) Direct Data Entry(DDE) system using a 34x TOB
- UB04 Claims used
- **042X** — Physical therapy
- **043X** — Occupational therapy
- **044X** — Speech-language pathology
- Current Procedural Terminology (CPT) codes that relates to the therapy service provided
- Therapy Modifiers
- Report the units as the number of times the procedure was performed.

# BILLING UNDER OP CLINIC OR PRIVATE PRACTICE

- OP Software or Clearinghouse data entry
- Billed directly to Medicare Part B
- EDI applications required
- 1,500 Claims used
- CPT codes that relates to the therapy service provided
- Therapy Modifiers
- Report the units as the number of times the procedure was performed

# CPT CODES

- Each unit is billed under a CPT code that describes your services provided
- Each CPT code is reimbursed based on units provided
- Therapeutic procedure codes
- Common CPT codes 97110 (Therapeutic Exercise), 97112 (Neuromuscular Re-ed), 97530 (Therapeutic Activities)

# 8 MIN RULE

| Units | Time |
|---|---|
| 0 | 0-7 minutes |
| 1 | 8-22 minutes |
| 2 | 23-37 minutes |
| 3 | 38-52 minutes |
| 4 | 53-67 minutes |

- Medicare Claims Processing Manual, Chapter 5 – Part B Outpatient Rehabilitation and CORF Services, Section 20.2

# RATES

- Each unit is billed under a CPT code that describes your services provided
- Each CPT code is reimbursed based on units provided
- The Medicare payment for the services is 80 percent of the allowed charge after the Part B deductible is met
- The remaining 20% will be billed and paid by secondary insurance

# HOW MUCH IS REIMBURSED?

- On average the amount of reimbursement in a 4 unit treatment- (55 mins) is $100-$110 per visit.

# HOW MUCH CAN AN HHA MAKE?

- HHA Revenue Example:
- 40 patient census HHA
  - 35% eligible for Part B therapy
  - Average per visit reimbursement $100
  - 14 patients on OP – seen each by PT/OT each for 15 sessions
  - Revenue on each patient= $3,000
  - $3,000 x 14= $42,000

# THERAPY CAP

- Effective in 2018, Medicare no longer places a cap on physical therapy, occupational therapy, or speech-language pathology services.
- Special modifiers are still required to any claims exceeding the established therapy threshold ($2,080 in 2020) for both occupational therapy as well as physical and speech therapy (combined).
- Any claims exceeding the $3,000 targeted medical review threshold are subject to a targeted review process.

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# UNDERSTANDING THE REGULATIONS

# PROVISION OF RECORD MANAGEMENT

**Standard HH5-10A: Written policies and procedures are established and implemented in regard to how outpatient services are rendered. 484.105(g) (G986)**

An HHA that furnishes outpatient physical therapy or speech-language pathology services must meet all of the applicable conditions of this part and the additional health and safety requirements.

An HHA that furnishes outpatient therapy services on its own premises, including its branches, must comply with the listed citations as well as meet all other Medicare Conditions of Participation.

The individual therapist may develop the plan of care for outpatient physical and speech pathology therapy services. For Medicare patients receiving outpatient physical and/or speech pathology therapy services, the plan of care and results of treatment must be reviewed by a physician. Non-Medicare patients are not required to be under the care of a physician, and therefore do not need a plan of care established by and reviewed by a physician. For non-Medicare patients, the plan of care may be reviewed by the therapist who established it or by a physician.

# §485.711 CONDITION OF PARTICIPATION

- Plan of care and physician involvement:
  - For each patient in need of outpatient physical therapy or speech pathology services, there is a written plan of care established and periodically reviewed by a physician, or by a physical therapist or speech- pathologist respectively.

# PLAN OF CARE & PHYSICIAN INVOLVEMENT

- **Standard: Medical history and prior treatment.** The following are obtained by the organization before or at the time of initiation of treatment:
  - The patient's significant past-history.
  - Current medical findings, if any.
  - Diagnosis(es), if established.
  - Physician's orders, if any.
  - Rehabilitation goals, if determined.
  - Contraindications, if any.
  - The extent to which the patient is aware of the diagnosis(es) and prognosis.
  - If appropriate, the summary of treatment provided and results achieved during previous periods of rehabilitation services or institutionalization.

# PLAN OF CARE & PHYSICIAN INVOLVEMENT

- **Standard: Plan of care.**
  - For each patient there is a written plan of care established by the physician or by the physical therapist or speech-language pathologist who furnishes the services.
  - The plan of care for physical therapy or speech pathology services indicates anticipated goals and specifies for those services the -
    - Type;
    - Amount;
    - Frequency; and
    - Duration.

# PLAN OF CARE & PHYSICIAN INVOLVEMENT

- **Standard: Plan of care (continued)**
  - The plan of care and results of treatment are reviewed by the physician or by the individual who established the plan at least as often as the patient's condition requires, and the indicated action is taken.
  - Changes in the plan of care are noted in the clinical record. If the patient has an attending physician, the therapist or speech-language pathologist who furnishes the services promptly notifies him or her of any change in the patient's condition or in the plan of care.

# PLAN OF CARE & PHYSICIAN INVOLVEMENT

- **Standard: Emergency care.**
  - The rehabilitation agency must establish procedures to be followed by personnel in an emergency, which cover immediate care of the patient, persons to be notified, and reports to be prepared.

# §485.713 CONDITION OF PARTICIPATION

- Physical therapy services:
  - If the HHA offers physical therapy services, it provides an adequate program of physical therapy and has an adequate number of qualified personnel and the equipment necessary to carry out its program and to fulfill its objectives.

# PHYSICAL THERAPY SERVICES

- **Standard: Adequate program.**
  - The organization is considered to have an adequate outpatient physical therapy program if it can:
    - Provide services using therapeutic exercise and the modalities of heat, cold, water, and electricity;
    - Conduct patient evaluations; and
    - Administer tests and measurements of strength, balance, endurance, range of motion, and activities of daily living.

# PHYSICAL THERAPY SERVICES

- **Standard: Adequate program (continued)**
  - A qualified physical therapist is present or readily available to offer supervision when a physical therapist assistant furnishes services.
    - If a qualified physical therapist is not on the premises during all hours of operation, patients are scheduled so as to ensure that the therapist is present when special skills are needed, for example, for evaluation and reevaluation.
    - When a physical therapist assistant furnishes services off the organization's premises, those services are supervised by a qualified physical therapist who makes an onsite supervisory visit at least once every 30 days.

# PHYSICAL THERAPY SERVICES

- **Standard: Facilities and equipment.**
  - The organization has the equipment and facilities required to provide the range of services necessary in the treatment of the types of disabilities it accepts for service.

# PHYSICAL THERAPY SERVICES

- **Standard: Personnel qualified to provide physical therapy services.**
  - Physical therapy services are provided by, or under the supervision of, a qualified physical therapist. The number of qualified physical therapists and qualified physical therapist assistants is adequate for the volume and diversity of physical therapy services offered. A qualified physical therapist is on the premises or readily available during the operating hours of the organization.

# PHYSICAL THERAPY SERVICES

- **Standard: Supportive personnel.**
  - If personnel are available to assist qualified physical therapists by performing services incident to physical therapy that do not require professional knowledge and skill, these personnel are instructed in appropriate patient care services by qualified physical therapists who retain responsibility for the treatment prescribed by the attending physician.

# §485.715 CONDITION OF PARTICIPATION

- Speech pathology services:
  - If speech pathology services are offered, the HHA provides an adequate program of speech pathology and has an adequate number of qualified personnel and the equipment necessary to carry out its program and to fulfill its objectives.

# SPEECH PATHOLOGY SERVICES

- **Standard: Adequate program.**
  - The organization is considered to have an adequate outpatient speech pathology program if it can provide the diagnostic and treatment services to effectively treat speech disorders.

# SPEECH PATHOLOGY SERVICES

- **Standard: Facilities and equipment.**
  - The organization has the equipment and facilities required to provide the range of services necessary in the treatment of the types of speech disorders it accepts for service.

# SPEECH PATHOLOGY SERVICES

- **Standard:**
  - **Personnel qualified to provide speech pathology services.** Speech pathology services are given or supervised by a qualified speech pathologist and the number of qualified speech pathologists is adequate for the volume and diversity of speech pathology services offered. At least one qualified speech pathologist is present at all times when speech pathology services are furnished.

# §485.719 CONDITION OF PARTICIPATION

- Arrangements for physical therapy and speech pathology services to be performed by other than salaried organization personnel [§485.723 and §485.727 are applicable when specialized rehabilitation space and equipment is owned, leased, operated, contracted for, or arranged for at sites under the HHA's control and when the HHA bills the Medicare/Medicaid programs for services rendered at these sites.]

# ARRANGEMENTS FOR PHYSICAL & SPEECH PATHOLOGY SERVICES

- **Conditions.**
  - If an organization provides outpatient physical therapy or speech pathology services under an arrangement with others, the services are to be furnished in accordance with the terms of a written contract, which provides that the organization retains of professional and administrative responsibility for, and control and supervision of, the services.

# ARRANGEMENTS FOR PHYSICAL & SPEECH PATHOLOGY SERVICES

- **Standard: Contract provisions.** The contract -
  - Specifies the term of the contract and the manner of termination or renewal;
  - Requires that personnel who furnish the services meet the requirements that are set forth in this subpart for salaried personnel; and
  - Provides that the contracting outside resource may not bill the patient or Medicare for the services. This limitation is based on section 1861(w)(1) of the Act, which provides that -
    - Only the provider may bill the beneficiary for covered services furnished under arrangements; and
    - Receipt of Medicare payment by the provider, on behalf of an entitled individual, discharges the liability of the individual or any other person to pay for those services.

# §485.723 CONDITION OF PARTICIPATION

- Physical environment.
  - The building housing the HHA is constructed, equipped, and maintained to protect the health and safety of patients, personnel, and the public and provides a functional, sanitary, and comfortable

# PHYSICAL ENVIRONMENT

- **Standard: Safety of patients.**
- The organization satisfies the following requirements:
    - It complies with all applicable State and local building, fire, and safety codes.
    - Permanently attached automatic fire-extinguishing systems of adequate capacity are installed in all areas of the premises considered to have special fire hazards. Fire extinguishers are conveniently located on each floor of the premises. Fire regulations are prominently posted.
    - Doorways, passageways and stairwells negotiated by patients are:
        - Of adequate width to allow for easy movement of all patients (including those on stretchers or in wheelchairs), (ii) free from obstruction at all times, and (iii) in the case of stairwells, equipped with firmly attached handrails on at least one side.

# PHYSICAL ENVIRONMENT

- **Standard: Safety of patients (continued)**
- The organization satisfies the following requirements:
  - Lights are placed at exits and in corridors used by patients and are supported by an emergency power source.
  - A fire alarm system with local alarm capability and, where applicable, an emergency power source, is functional.
  - At least two persons are on duty on the premises of the organization whenever a patient is being treated.
  - No occupancies or activities undesirable or injurious to the health and safety of patients are located in the building.

# PHYSICAL ENVIRONMENT

- **Standard: Maintenance of equipment, building, and grounds.**
  - The organization establishes a written preventive-maintenance program to ensure that -
    - The equipment is operative, and is properly calibrated; and
    - The interior and exterior of the building are clean and orderly and maintained free of any defects that are a potential hazard to patients, personnel, and the public.

# PHYSICAL ENVIRONMENT

- **Standard: Other environmental considerations.**
- The organization provides a functional, sanitary, and comfortable environment for patients, personnel, and the public.
  - Provision is made for adequate and comfortable lighting levels in all areas; limitation of sounds at comfort levels; a comfortable room temperature; and adequate ventilation through windows, mechanical means, or a combination of both.
  - Toilet rooms, toilet stalls, and lavatories are accessible and constructed so as to allow use by non-ambulatory and semi-ambulatory individuals.
  - Whatever the size of the building, there is an adequate amount of space for the services provided and disabilities treated, including reception area, staff space, examining room, treatment areas, and storage.

# §485.727 CONDITION OF PARTICIPATION

- Emergency preparedness.
  - The HHA must establish and maintain an emergency preparedness program.

# EMERGENCY PREPAREDNESS

- **Standard: Emergency plan.**
- The organizations must develop and maintain an emergency preparedness plan that must be reviewed and updated at least every 2 years. The plan must do all of the following:
  - Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
  - Include strategies for addressing emergency events identified by the risk assessment.

# EMERGENCY PREPAREDNESS

- **Standard: Emergency plan (continued)**
  - Address patient population, including, but not limited to, the type of services the organizations have the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
  - Address the location and use of alarm systems and signals; and methods of containing fire.
  - Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.
  - Be developed and maintained with assistance from fire, safety, and other appropriate experts

# EMERGENCY PREPAREDNESS

- **Standard: Policies and procedures.**
  - The organizations must develop and implement emergency preparedness policies and procedures, based on the emergency plan. The policies and procedures must be reviewed and updated at least every 2 years. At a minimum, the policies and procedures must address the following:
    - Safe evacuation from the organizations, which includes staff responsibilities, and needs of the patients.
    - A means to shelter in place for patients, staff, and volunteers who remain in the facility
    - A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
    - The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

# EMERGENCY PREPAREDNESS

- **Standard: Communication plan.**
  - The organizations must develop and implement emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least every 2 years. The communication plan must include the following:
    - Names and contact information for the following:
      - Staff
      - Entities providing services under arrangement
      - Patients' physicians
      - Other Organizations
      - Volunteers

# EMERGENCY PREPAREDNESS

- **Standard: Communication plan (continued).**
    - Contact information for the following:
        - Federal, state, tribal, regional and local emergency preparedness staff.
        - Other sources of assistance.
    - Primary and alternate means for communicating with the following:
        - Organizations' staff.
        - Federal, state, tribal, regional, and local emergency management agencies.

# EMERGENCY PREPAREDNESS

- **Standard: Communication plan (continued).**
  - A method for sharing information and medical documentation for patients under the organizations' care, as necessary, with other health care providers to maintain the continuity of care.
  - A means of providing information about the organizations' needs, and their ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

# EMERGENCY PREPAREDNESS

- **Standard: Training and testing:**
  - The organizations must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan. The training and testing program must be reviewed and updated at least every 2 years.
  - Training program must include:
    - Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.
    - Provide emergency preparedness training at least every 2 years.
    - Maintain documentation of the training.
    - Demonstrate staff knowledge of emergency procedures.
    - If the emergency preparedness policies and procedures are significantly updated, the organizations must conduct training on the updated policies and procedures.

# EMERGENCY PREPAREDNESS

- **Standard: Training and testing (continued):**
  - Testing must include:
  - The organizations must conduct exercises to test the emergency plan at least annually. The organizations must do the following:
    - Participate in a full-scale exercise that is community-based every 2 years; or
      - When a community-based exercise is not accessible, an individual, facility-based functional exercise every 2 years; or
      - If the organizations experience an actual natural or man-made emergency that requires activation of the emergency plan, the organization is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.

# EMERGENCY PREPAREDNESS

- **Standard: Training and testing (continued):**
  - Testing must include:
  - Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise is conducted, that may include, but is not limited to the following:
    - A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or
      - A mock disaster drill; or
      - A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
  - Analyze the organization's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise their emergency plan, as needed.

# EMERGENCY PREPAREDNESS

- **Standard: Integrated healthcare systems.**
- If the organizations are part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the organizations may choose to participate in the healthcare system's coordinated emergency preparedness program.

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# QUESTIONS?

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# THANK YOU

# REFERENCES

- http://www.cms.gov/Manuals/
- Click on Internet-Only Manuals
- Click on Pub 100-4
  Medicare Claims Processing Manual
- Chapter 5, Part B Outpatient Rehabilitation and CORF Services (Sections 10.2-10.7 and 20-20.4)
- Chapter 30, Financial Liability Protections (ABN)
- State Operations Manual Chapter 2 - The Certification Process, 2202.3B - OASIS and the Medicare Home Health Benefit, 4. Outpatient Therapy Benefit

# REFERENCES

- Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services
- **42 cfr 484.105 COPs**
- ***(g) Standard: Outpatient physical therapy or speech-language pathology services***. An HHA that furnishes outpatient physical therapy or speech-language pathology services must meet all of the applicable conditions of this part and the additional health and safety requirements set forth in § 485.711, § 485.713, § 485.715, § 485.719, § 485.723, and § 485.727 of this chapter to implement section 1861(p) of the Act.