



	<b>CORF</b>	<b>Physician's Offices</b>	<b>Rehab Agencies</b>	<b>Physical Therapists in Private Practice</b>	<b>Outpatient Hospital</b>	<b>Home Health (Part B)</b>	<b>Skilled Nursing Facility (Part B)</b>
<b>Services Reimbursed by Medicare</b>	<ul style="list-style-type: none"> <li>• Physician</li> <li>• PT</li> <li>• OT</li> <li>• SLP</li> <li>• Resp. Therapy</li> <li>• O&amp;P</li> <li>• Psycho/ Social Services</li> <li>• Drugs &amp; Biologicals</li> <li>• Supplies &amp; DME</li> <li>• Nursing Care</li> <li>• Appliances &amp; equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Physician services or services incident to physician's professional service or services furnished by a PT enrolled as a PT in private practice with payment reassigned to the physician practice.</li> </ul>	<ul style="list-style-type: none"> <li>• PT, SLP, &amp; OT services</li> </ul>	<ul style="list-style-type: none"> <li>• PT</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnostic/therapeutic services</li> </ul>	<p>If no home health plan of care is in effect:</p> <ul style="list-style-type: none"> <li>• Surgical dressings</li> <li>• Prosthetics</li> <li>• Leg, arm, back, &amp; neck braces</li> <li>• Trusses</li> <li>• Artificial legs, arms &amp; eyes</li> <li>• PT, OT, &amp; SLP</li> <li>• Rental &amp; purchase of DME</li> <li>• Ambulance</li> <li>• Hepatitis B vaccine</li> <li>• Hemophilia clotting factors</li> <li>• Pneumococcal &amp; influenza vaccines</li> <li>• Splints, casts, &amp; antigens</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnostic x-rays</li> <li>• Lab tests</li> <li>• Other X-ray</li> <li>• Radium &amp; radioactive isotope</li> <li>• Surgical dressings</li> <li>• Splints</li> <li>• Casts used for reduction of fractures &amp; dislocations</li> <li>• Prosthetics</li> <li>• Leg, arm, back, &amp; neck braces</li> <li>• Trusses</li> <li>• Artificial legs, arms &amp; eyes</li> <li>• PT, SLP, OT</li> <li>• Screening mammography</li> <li>• Screening pap smears &amp; pelvic exams</li> <li>• Influenza, pneumococcal pneumonia &amp; hepatitis B vaccines</li> <li>• Colorectal screening</li> <li>• Diabetes self-management</li> <li>• Prostate screening</li> <li>• Ambulance</li> <li>• Hemophilia clotting factors</li> <li>• Epoetin alfa for ESRD</li> </ul>

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<b>Minimum Services Required</b>	<ul style="list-style-type: none"> <li>Physician</li> <li>PT</li> <li>Psycho/social services</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>PT or SLP</li> </ul>	<ul style="list-style-type: none"> <li>PT</li> </ul>	<ul style="list-style-type: none"> <li>Diagnostic/therapeutic services</li> <li>PT, OT, &amp; SLP are optional</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>If specialized rehabilitative services (PT, SLP, OT) are required in the resident's comprehensive plan of care, must be provided.</li> </ul>
<b>Offsite services</b>	<ul style="list-style-type: none"> <li>PT, OT, &amp; SLP offsite.</li> <li>Single home visit to evaluate home environment.</li> </ul>	<ul style="list-style-type: none"> <li>PT, OT, SLP at patient's home</li> <li>Physician must provide direct supervision if billing "incident to."</li> <li>If PT, OT have own provider numbers, no direct supervision requirement.</li> </ul>	<ul style="list-style-type: none"> <li>PT, OT &amp; SLP</li> </ul>	<ul style="list-style-type: none"> <li>PT (at patient's home).</li> </ul> <p>Home includes group home, assisted living facility, domiciliary care home, &amp; other non-institutional settings.</p>	<ul style="list-style-type: none"> <li>Patient's home</li> <li>Services in non-certified part of SNF</li> <li>Group home</li> <li>Assisted living facility</li> <li>Domiciliary care home.</li> </ul>		May render outpatient PT, OT, SLP to patient's residing outside SNF.
<b>Reimbursement</b>	Physician fee schedule	Physician fee schedule	Physician fee schedule	Physician fee schedule	Physician fee schedule	Physician fee schedule	Physician fee schedule
<b>KX modifier threshold</b>	<ul style="list-style-type: none"> <li>\$2,010: PT &amp; SLP</li> <li>\$2,010: OT</li> </ul>	<ul style="list-style-type: none"> <li>\$2,010: PT &amp; SLP</li> <li>\$2,010: OT</li> </ul>	<ul style="list-style-type: none"> <li>\$2,010: PT &amp; SLP</li> <li>\$2,010: OT</li> </ul>	<ul style="list-style-type: none"> <li>\$2,010: PT &amp; SLP</li> <li>\$2,010: OT</li> </ul>	<ul style="list-style-type: none"> <li>\$2,010: PT &amp; SLP</li> <li>\$2,010: OT</li> </ul>	<ul style="list-style-type: none"> <li>\$2,010: PT &amp; SLP</li> <li>\$2,010: OT</li> </ul>	<ul style="list-style-type: none"> <li>\$2,010: PT &amp; SLP</li> <li>\$2,010: OT</li> </ul>
<b>Physician Involvement</b>	<ul style="list-style-type: none"> <li>Must have a medical director</li> <li>Plan of Care written and signed by physician</li> <li>Reviewed at least every 90 days</li> </ul>	<ul style="list-style-type: none"> <li>Written plan of care must be forwarded to the physician/NPP as soon as it is established and signed by the physician/NPP within 30 days of the initial therapy treatment session. Plan of care recertified by physician every 90 days</li> </ul>	<ul style="list-style-type: none"> <li>Written plan of care must be forwarded to the physician/NPP as soon as it is established and signed by the physician/NPP within 30 days of the initial therapy treatment session. Plan of care recertified by physician every 90 days</li> </ul>	<ul style="list-style-type: none"> <li>Written plan of care must be forwarded to the physician/NPP as soon as it is established and signed by the physician/NPP within 30 days of the initial therapy treatment session. Plan of care recertified by physician every 90 days</li> </ul>	<ul style="list-style-type: none"> <li>Must have medical staff.</li> <li>Written plan of care must be forwarded to the physician/NPP as soon as it is established and signed by the physician/NPP within 30 days of the initial therapy treatment session. Plan of care recertified by physician every 90 days</li> </ul>	<ul style="list-style-type: none"> <li>Written plan of care must be forwarded to the physician/NPP as soon as it is established and signed by the physician/NPP within 30 days of the initial therapy treatment session. Plan of care recertified by physician every 90 days</li> </ul>	<ul style="list-style-type: none"> <li>Must have medical director</li> <li>Written POC must be forwarded to physician/NPP as soon as established &amp; signed by physician/NPP w/in 30 days of the initial therapy treatment session. POC recertified by physician every 90 days.</li> </ul>

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<b>Administrator</b>	Yes.	No.	Yes.	No.	Must be a Rehab Director with knowledge, experience & capability to properly supervise & administer services.	Yes.	Yes.
<b>Supervision</b>	<p>At least one qualified professional must be on premises during all operating hrs.</p> <p>Qualified physical therapist must supervise services. General supervision (meaning periodic inspection &amp; PT availability by telecommunication during operating hrs) of PTAs.</p> <p>If state supervision requirement is more stringent, must follow state rules.</p>	<p>Physician must directly supervise (in office suite) if billing "incident to."</p> <p>If billing under PTPP/OTPP number, no physician supervision required for PT/OT.</p> <p>Direct supervision would apply if PT with PTPP number supervising PTA. If state supervision requirement is more stringent, must follow state rules.</p>	<p>Qualified physical therapist must supervise services.</p> <p>General supervision (meaning periodic inspection &amp; PT availability by telecommunication during operating hrs) of PTAs.</p> <p>If state supervision requirement is more stringent, must follow state rules.</p> <p>When PTA furnishes offsite services, PT must make onsite supervisory visit at least once every 30 days.</p>	<p>PT must directly supervise (in the office suite) PTAs.</p>	<p>Supervision level dictated by state practice act.</p>	<p>Qualified physical therapist must supervise services.</p> <p>General supervision (meaning periodic inspection &amp; PT availability by telecommunication during operating hrs) of PTAs.</p> <p>If state supervision requirement is more stringent, must follow state rules.</p> <p>When PTA furnishes offsite services, PT must make onsite supervisory visit at least once every 30 days.</p>	<p>Qualified physical therapist must supervise services.</p> <p>General supervision (meaning periodic inspection &amp; PT availability by telecommunication during operating hrs) of PTAs.</p> <p>If state supervision requirement is more stringent, must follow state</p>
<b>Claims Submission</b>	Fiscal intermediary or MAC	Carrier or MAC	Fiscal intermediary or MAC	Carrier or MAC	Fiscal intermediary or MAC	Fiscal intermediary or MAC	Fiscal intermediary or MAC
<b>PT Medicare enrollment required</b>	No. Use CORF provider Number.	PT may obtain provider number as PTPP & reassign payment to group practice or physician may bill under physician provider number.	No. Use rehab agency number.	Yes.	No. Use hospital provider number.	No. Use home health provider number.	No. Use SNF provider number
<b>Use of aides</b>	Services not billable.	When physician bills "incident to" must use graduate of PT professional education program. Graduates after 2010 must pass a national examination.	Services not billable.	Services not billable.	Services not billable.	Services not billable.	Services not billable.