



Implementing Home Visits

MBC & 8150 Advisors



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 - Charge Capture
 - Compliance
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Medicare Telehealth Confusion

- Yesterday's Announcement
- Why it fell short
 - Pg 34 of the regulation:
- What's Next
- What Can I Do?
 - <http://www.apta.org/Telehealth/>



In Home
Outpatient
Therapy Provision

Flattening the Curve

According to Dr. Matos, an expert in biologic surety and the management of select agent programs at federal facilities:

“Physical therapists are essential in flattening the curve of the COVID-19 pandemic. They play a key role in keeping people they can help out of the doctor offices and ER’s. This will not only free up the medical teams to treat those impacted by COVID-19, but also limit the exposure of those seeking the care of the physical therapist”.

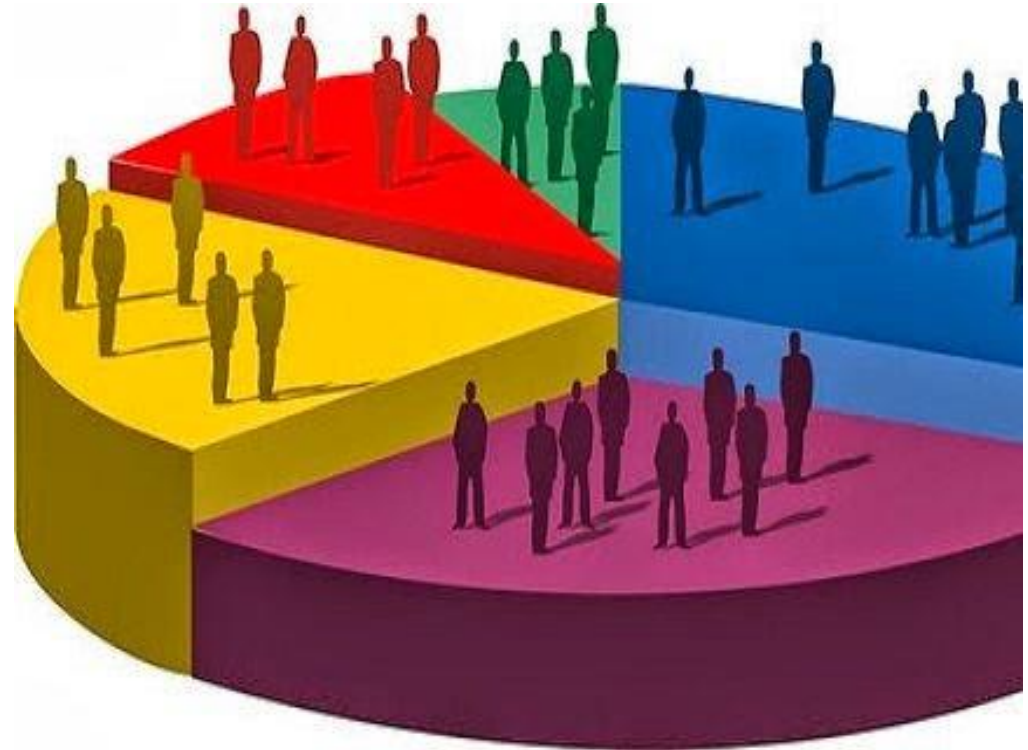
- Dr. Matos is a member of an advisory group in Chemical, Biological, Radiological, and Nuclear Defense. Dr. Matos has experience working with the Armed Forces Health Surveillance Center, Department of Defense Global Emerging Infections Surveillance and Response System, and the CDC. He has served as a public health emergency officer for 14 Department of Defense installations and has participated in multiple disease and epidemiologic investigations. Dr. Matos has received extensive training in risk communication in a public health emergency and in exposure investigations.



Making The In-Home Services Decision

Step One - Demographics

- What is your payer mix?
- Out of your payers who covers in home visits?
- Are your patients in close driving distance to each other, or spread widely?
- Would your patients be accepting of in-home outpatient therapy?



Step Two - Mechanics

- Therapists willing to do in home visits
- Liability coverage
- Policies and procedures
 - Infection control
 - Mileage
 - Consent
- What equipment (if any) is needed



Step Three – Determine Appropriate Patients

- Patients that would not be appropriate for telehealth
- Patients that do not have the capability to do telehealth
- Patients that are high risk for issues if not seen in therapy
- Patients that need significant manual therapy but are worried about coming to the clinic.



Step Four – Determine Who Pays

- Medicare yes
- Other payers???



Medicare In Home

- Medicare
 - Pays for “outpatient therapy in the patient’s home.”
 - THIS IS NOT HOME HEALTH
 - Need to make sure that your credentialing status including the “in home” option
 - Check your 855B paperwork, check on PECOS or call the MAC
 - You can add this status with a change to your 855B
- Commercial payers will vary



Credentialing

PECOS

Vehicle Information

You have indicated that the applicant does not have any information for this topic.

[GO TO TOPIC](#) »

Geographic Location

This topic is not applicable for this enrollment application.

[GO TO TOPIC](#) »

Rendering Healthcare Services at a Patient's Home

You have indicated that the applicant does not have any information for this topic.

[GO TO TOPIC](#) »

855 B Form on Paper

E. Physical Therapy (PT) and Occupational Therapy (OT) Groups Only

1. Are all of the group's PT/OT services rendered in patients' homes or in the group's private office space? YES NO
2. Does this group maintain private office space? YES NO
3. Does this group own, lease, or rent its private office space? YES NO
4. Is this private office space used exclusively for the group's private practice? YES NO
5. Does this group provide PT/OT services outside of its office and/or patients' homes? YES NO

If you responded YES to any of the questions 2–5 above, submit a copy of the lease agreement that gives the group exclusive use of the facilities for PT/OT services.

Step Five – Billing, Coding & Documentation

- Computer portability
 - Encrypted hard drives
 - Documentation in the cloud
- Document visit just as you would an in-clinic visit
- Document the visit location and why
- Code as you would an in-office visit



Billing Coding and Documentation

- Place of service code is 12
- PTAs need “on site” supervision for PTs in Private Practice, so that doesn’t work for the in-home rehab model.
- This is NOT home health.

The image shows a red-lined Health Insurance Claim Form (HC-900) with various fields for patient information, provider details, and service coding. The form is titled "HEALTH INSURANCE CLAIM FORM" and includes sections for "PATIENT INFORMATION", "PROVIDER INFORMATION", "SERVICE INFORMATION", and "PAYMENT INFORMATION". The form is filled out with handwritten and printed text, including a patient name, address, and phone number, as well as a provider name and address. The "SERVICE INFORMATION" section contains a table with columns for "DATE OF SERVICE", "ICD-9-CM CODE", "CPT CODE", "UNIT", and "AMOUNT". The "PAYMENT INFORMATION" section includes fields for "TOTAL CHARGE", "INSURANCE COVERAGE", and "PATIENT RESPONSIBILITY".

Step Six – Marketing This Service

- A marketing plan that communicates you are providing this service
- Script for converting appropriate patients
- Calling patients and offering alternatives



Step Seven - Plan for the Future

- Federation of PT State Board Statement on Role of PT
 - Recovery Phase PTs and PTAs are likely to play a much larger role during the recovery phase of this crisis as individuals are attempting to overcome the deleterious effects of bedrest, deconditioning, and co-morbidities resulting from COVID-19. With most traditional physical therapy care suspended during the period of social distancing, patients will likely experience a deterioration of other conditions unrelated to the coronavirus. Other individuals, unable to leave their homes for several weeks, will become even more sedentary, lose mobility and function, and require physical therapy services when restrictions are lifted. During the recovery phase, PTs and PTAs will need be prepared to treat patients/clients with a full spectrum of diseases and conditions.
- [https://www.fsbpt.org/Portals/0/documents/news-events/Possible Roles for PTs and PTAs during the Coronavirus Pandemic.pdf](https://www.fsbpt.org/Portals/0/documents/news-events/Possible%20Roles%20for%20PTs%20and%20PTAs%20during%20the%20Coronavirus%20Pandemic.pdf)
- <https://utpjournals.press/doi/pdf/10.3138/ptc-2020-0019>

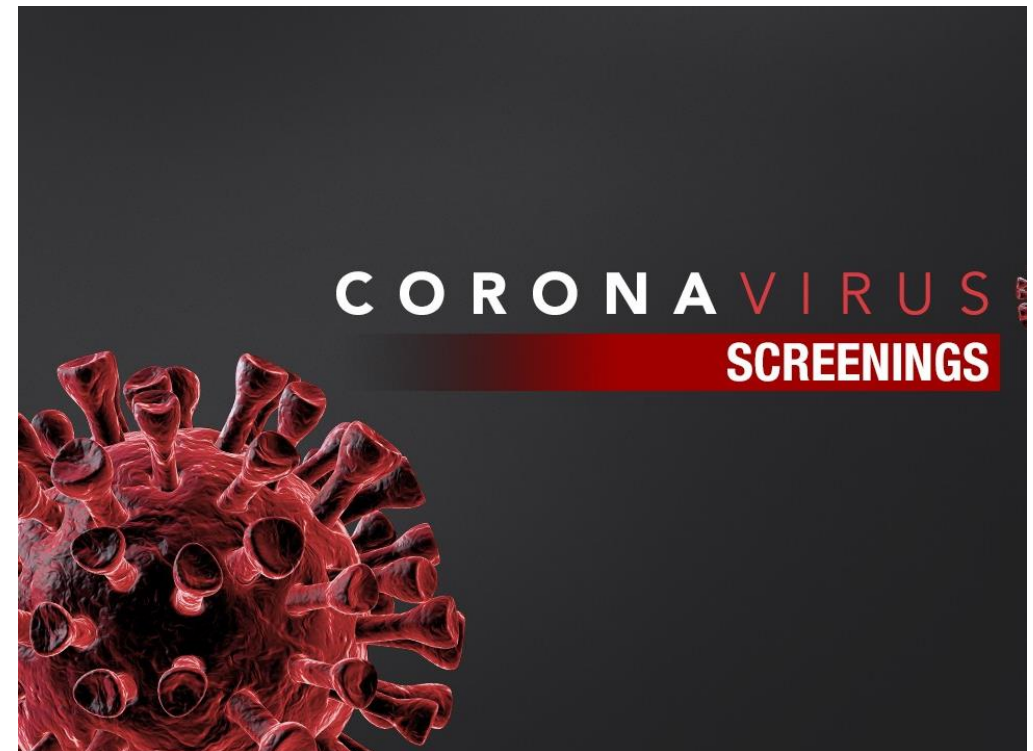


The Elephant In The Room

Infection Control – Can You Do
This Safely?

Safety – Patient Screening Prior to Visit

- Safety Guidelines from CMS for Home Health Agencies
 - <https://www.cms.gov/files/document/qso-20-18-hha.pdf>
- Screen Appropriately
 - International travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
 - Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat.
 - In the last 14 days, has had contact with someone with or under investigation for COVID19, or are ill with respiratory illness.
 - Residing in a community where community-based spread of COVID-19 is occurring



Safety for Providers

- Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
 - Immediately stop work, put on a facemask, and self-isolate at home;
 - Inform the clinical manager of information on individuals, equipment, and locations the person came in contact with; and
 - Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).
 - Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Safety – Controlling the Environment



- Staff temperatures daily
- Patient temperatures at the initiation of visit
- Have patient in room without other individuals if possible
- Mask (non N95), gloves
- Hand Sanitizer
- Wipes to wipe down any/all equipment
- Can I keep my family safe when I treat patients during the day?
 - Dr. David Price is a critical care pulmonologist caring for COVID-19 patients all day in NYC at Weill Cornell Hospital. He has a lot of great information to share. In the last portion he answers some fantastic questions. It's almost an hour and a cuts out a bit, so be patient and learn from this hero on the front-lines.
 - <https://www.youtube.com/watch?v=YitWZj9QhdQ>

Action Items

- Is this a good strategy for you?
 - Now?
 - Later?
- Develop a plan
- Market the plan
- Implement the plan
- Modify as needed



1. Keep serving.
2. Keep innovating.
3. Keep solving.
4. Keep grinding.
5. Keep making a difference.

