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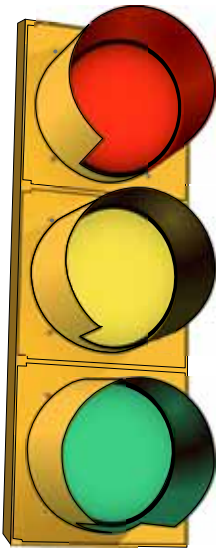
Note: This article was revised on October 14, 2004, to provide references to the correct Medicare manual and to clarify coverage for home visits on page 3.

Medicare Comprehensive Outpatient Rehabilitation Facility Coverage

Provider Types Affected

Medicare Comprehensive Outpatient Rehabilitation Facilities (CORFs).

Provider Action Needed



STOP – Impact to You

The Medicare Benefit Policy Manual, Chapter 12 (Comprehensive Outpatient Rehabilitation Facility (CORF)), has been updated to clarify general requirements, covered and non-covered services, provisions of services, and specific CORF services.

CAUTION – What You Need to Know

Medicare defines a CORF as a facility that is primarily engaged in providing diagnostic, therapeutic, and restorative services to outpatients for the rehabilitation of the injured and disabled or to patients recovering from illness. Policy changes in the CORF manual touch on the following topics: Rules for Provision of Services; Place of Treatment; Personnel Qualification Requirements; and Services Furnished Under Arrangements (including Physicians, Physical Therapy, Occupational Therapy, Speech-Language Pathology, Respiratory Therapy, Social, Psychological, and Nursing Services). Policy changes were additionally made regarding: Referral for Treatment; Plan of Treatment; Prosthetic and Orthotic Devices and Supplies; Drugs and Biologicals; Home Environment Evaluation; and Outpatient Mental Health Treatment Limitation.

GO – What You Need to Do

The most pertinent changes are outlined below in the *Additional Information* section; however, to see all the changes, please refer to, Chapter 12 of Publication 100-2, which is attached to CR 3315. (Instructions for accessing that CR are found later in this article.)

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Background

A service may be covered as a CORF service only if it would be covered as an inpatient hospital service provided to a hospital patient. This does not mean that the beneficiary must require a hospital level of care or meet other requirements unique to hospital care. This provision merely requires that the service, if otherwise covered, would be covered if provided in a hospital.

Additional Information

Key policy changes made in the CORF portion of the Medicare Benefit Policy Manual include the following:

Physicians

CORF physician services are services such as a consultation, home, office, and institutional evaluation and management services rendered by a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the state in which he/she performs services. Examinations for the purpose of establishing and reviewing the plan of care that do not result in a billable service are also considered to be CORF physician services.

CORF facility physicians must have completed at least one year of training, subsequent to completion of a one-year hospital internship, in the medical management of patients requiring rehabilitative services or they must have completed at least one year of full-time or part-time experience in a rehabilitation setting, providing physician services similar to those required in a rehabilitation facility.

The facility physician must be present in the facility long enough to provide medical direction, medical care services, and consultation services within acceptable professional standards and practice.

Physicians are expected to work together with physical therapists, occupational therapists or speech-language pathologists who will provide the actual therapy when establishing patient care plans, although the respiratory therapy plan of treatment is expected to be established entirely by the physician.

A physician specializing only in pulmonary rehabilitation is not considered to have the experience needed to medically manage patients who need skilled rehabilitation services.

Therapists/Social Services

Qualified physical or occupational therapists are required to evaluate and reevaluate the patient's level of function and to consult in the development of the plan of treatment. A qualified physical or occupational therapist assistant functioning under the general supervision of the qualified physical or occupational therapist may also carry out the implementation of the plan, in accordance with applicable State laws.

Social services are covered CORF services, if they are part of a coordinated, comprehensive skilled rehabilitation program and are included in the plan of treatment established and signed by the referring physician and contribute to the improvement of the individual's condition.

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Respiratory Therapy

Respiratory therapy (respiratory care) services are services prescribed by a physician for the assessment, diagnostic evaluation, treatment, management, and monitoring of patients with respiratory deficiencies and abnormalities of function as part of a coordinated comprehensive skilled rehabilitation program. These services are covered CORF services if they are part of a coordinated, comprehensive, skilled rehabilitation program and included in the plan of treatment established and signed by the referring physician, and considered reasonable and necessary for the diagnosis or treatment of an illness or injury.

Respiratory services must be performed in conjunction with core CORF services by respiratory therapists, physical therapists, occupational therapists, or registered nurses, as recognized by applicable State law.

Prosthetics and Orthotics

Prosthetics and orthotics are considered covered CORF services if they are part of a comprehensive, coordinated, skilled rehabilitation program established and signed by the referring physician, and furnished in conjunction with a physician's service or on a physician's order. These devices are covered CORF services if they are part of a comprehensive, coordinated, skilled rehabilitation program.

Drugs and Biologicals

Drugs and biologicals are covered if they are part of a coordinated, comprehensive, skilled rehabilitation program and are included in the plan of treatment established and signed by the physician.

Home Visits

A single home environment evaluation visit is covered as a CORF service if it is a part of a coordinated, comprehensive, skilled rehabilitation program and is included in the plan of treatment established and signed by the referring physician. Coverage is limited to the services of one professional, i.e., either a physical or occupational therapist selected by the CORF (whose services are covered by the CORF benefit).

The official instruction issued to your carrier regarding this change may be found by going to:

http://www.cms.hhs.gov/manuals/transmittals/comm_date_dsc.asp

From that web page, look for CR 3315 in the CR NUM column on the right, and click on the file for that CR.

If you have any questions regarding these changes, please contact your fiscal intermediary at their toll free number, which may be found at:

<http://www.cms.hhs.gov/medlearn/tollnums.asp>

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