

Eli's Rehab Report

READER QUESTIONS: Clear Up Confusion Over Provider Enrollment Changes

Question: In the last issue of Physical Medicine & Rehab Coding Alert, I read your story on effective date of enrollment changes and how therapists applying for Medicare credentials cannot retroactively bill the way they used to. My question is, does this new ruling apply to therapists that furnish Part B therapy in home health agencies (aka to non-homebound patients, usually after their PPS episode is over because they're not homebound)?

-- Arkansas Subscriber

Answer: This new guideline doesn't apply to home health therapy providers. It only applies to therapists in private practices (group or individual). The key is whether you have and use an individual provider number.

Outpatient therapy is a service home health agencies are authorized to provide and bill for under the agency's Medicare Part A provider number, as opposed to the individual therapists' provider number. So, new rules that address waiting on individual credentials to bill under would be moot to the home health setting (or any other setting that doesn't bill under individual provider numbers).