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TRICARE  
MANAGEMENT ACTIVITY

MB&RB

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TRICARE POLICY MANUAL (TPM)

The TRICARE Management Activity has authorized the following addition(s)/  
revision(s) to the 6010.54-M, issued August 2002.

**CHANGE TITLE:** HOME REHABILITATION THERAPIES/SERVICES

**PAGE CHANGE(S):** See page 2.

**SUMMARY OF CHANGE(S):** This change clarifies coverage of rehabilitation  
therapies/services in a home setting.

**EFFECTIVE DATE:** Thirty days following publication.

**IMPLEMENTATION DATE:** Upon direction of the Contracting Officer.

Reta Michak  
Acting Chief, Medical Benefits and  
Reimbursement Branch

**ATTACHMENT(S):** 7 PAGE(S)  
**DISTRIBUTION:** 6010.54-M

CHANGE 102  
6010.54-M  
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**REMOVE PAGE(S)**

**INSERT PAGE(S)**

**CHAPTER 2**

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## EVALUATION AND MANAGEMENT

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1.2	Office Visits With Surgery
2.1	Home <b>Rehabilitation Therapies/Services - Skilled Nursing, Physical Therapy, Occupational Therapy, And Speech-Language Pathology Services</b>
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## HOME REHABILITATION THERAPIES/SERVICES - SKILLED NURSING, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SPEECH-LANGUAGE PATHOLOGY SERVICES

ISSUE DATE: March 3, 1992

AUTHORITY: 32 CFR 199.4(c)(2)(iv) and (e)(12)(ii)

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### I. CPT<sup>1</sup> PROCEDURE CODES

Physician Code Range: 90801, 90802, 90804 - 90815, 90847, 90862, 99341 - 99350

Non-Physician Code Range: 90801, 90802, 90804 - 90815, 90847, 90862, 99341 - 99350, 99500 - 99507, 99511, 99512, 99600 - 99602

NOTE: TRICARE payment for non-physician services is limited to those authorized non-physician providers recognized in 32 CFR 199.6(c)(3)(iii)(K).

NOTE: Skilled nursing service (99341 - 99350) may be reported separately, using the modifier-25, if the patient's condition requires a significant separately identifiable E/M service, beyond the home health service(s)/procedure(s) (99500 - 99539).

### II. HCPCS PROCEDURES CODES

Non-Physician Code Range: G0151 - G0154, G0156

### III. DESCRIPTION

Coverage of rehabilitation therapies/services provided in a home setting.

### IV. POLICY

A. Home visits for skilled nursing, physical therapy, occupational therapy, and speech-language pathology services are covered when provided by the following authorized providers for the diagnosis and/or treatment of a covered condition.

1. Individual practitioners such as licensed registered nurses, licensed registered physical therapists, licensed registered occupational therapists, and speech therapists as authorized under 32 CFR 199.6(c)(3)(iii)(K) and reimbursed on a fee-for-services basis (i.e., professional services and related supplies paid under the CHAMPUS Maximum Allowable Charge (CMAC) methodology). Additional travel expenses to the home are not covered.

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TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 2, SECTION 2.1

HOME REHABILITATION THERAPIES/SERVICES - SKILLED NURSING, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SPEECH-LANGUAGE PATHOLOGY SERVICES

2. Freestanding entities eligible for Corporate Services Provider (CSP) status under the qualifying criteria in Chapter 11, Section 12.1 and reimbursed CMACs on a fee-for-services basis for otherwise covered professional services provided by TRICARE authorized individual providers employed by or under contract with a free-standing corporate facility. Additional travel expenses to the home are not covered. Reimbursement of covered professional services, along with related supplies, will be made directly to the TRICARE authorized CSP under its own tax identification number.

3. Medicare certified Home Health Agencies (HHAs) that are reimbursed under the Home Health Prospective Payment System (HH PPS) a fixed case mix and wage-adjusted 60-day episode payment amount for professional home health services along with routine and non-routine medical supplies provided under the beneficiary's plan of care. Refer to the TRICARE Reimbursement Manual (TRM), Chapter 12, for conditions of coverage and reimbursement under this PPS. The homebound criteria only applies to coverage/reimbursement under HH PPS.

B. If the patient has been determined to be receiving custodial care, those home visits which are specifically related to the treatment of the custodial care conditions are covered only as follows:

1. When provided by a visiting nurse, such visits may be covered up to one hour per day for skilled nursing care.

2. When provided by a physician, may be covered up to 12 visits per calendar year (not to exceed one per month). Note that physician visits, regardless of the place of services, will be limited to this calendar year maximum when the treatment is of the custodial care condition. Physician visits for other than the custodial care condition are not limited to this calendar year maximum.

C. See the TRM, Chapter 8, reimbursement of Skilled Nursing Care.

D. See Chapter 7, Section 19.1 for sleep studies in the home.

V. EXCLUSIONS

A. Home visit, Day Life Activity (CPT<sup>2</sup> procedure code 99509).

B. Home visit, sing/m/fam/couns (CPT<sup>2</sup> procedure code 99510).

C. Home infusion for tocolytic therapy.

- END -

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