



# Medicare-Covered Occupational Therapy Services

Job Aid

Occupational therapist and Certified Occupational Therapist Assistants serve a key role in the home health interdisciplinary team. Medicare skilled occupational therapy services focus on assisting patients to effectively manage activities of daily living. In a Medicare-certified home health agency, occupational therapy may be considered both a dependent and qualifying service.

This job aid reviews Medicare coverage criteria related to occupational therapy (OT) services.



## Skilled and Qualifying Occupational Therapy Services

For home health Medicare beneficiaries, occupational therapy is initially a dependent service. This means that the patient must first need skilled nursing (SN), physical therapy (PT), and/or speech language pathology (SLP) to initially qualify for the benefit. Once the patient has initially qualified for the Medicare home health benefit, a continued need for OT (after the need for SN, PT, and/or SLP have ceased) can be used to qualify the patient for subsequent episodes of care. At this point, occupational therapy may stand alone, complete OASIS comprehensive assessments, recertify the patient, supervise the home health aide, and discharge the patient (42 CFR, §409.42(c)(4)).

*For occupational therapy to become a qualifying service, the first OT visit must be sandwiched between two initially qualifying services (SN, PT, SLP).*



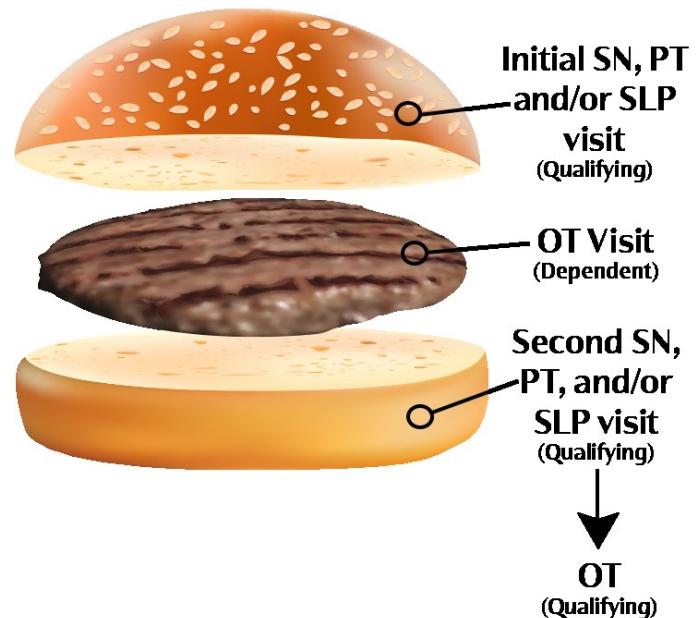
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In addition to a need for an initial qualifying visit by an SN, PT and/or SLP *before* the first OT visit, at least one additional visit must be made by an SN, PT and/or SLP *after* the first, dependent OT visit before occupational therapy becomes a qualifying service.

This is because the first OT visit is considered a dependent service. For Medicare to cover a dependent service, the service must be followed by a qualifying skilled service unless an unexpected circumstance occurs (e.g., death of the patient). Once this requirement is met, all subsequent OT services that meet the coverage criteria are qualifying, both in the current and subsequent adjacent episodes.

It's important to note that there are payers (e.g., Medicaid, private insurance) that allow occupational therapy to establish the initial eligibility for home health services and don't require a continued need for occupational therapy. In these situations, occupational therapy may make the initial assessment visit, perform the start of care comprehensive assessment and stand alone.



## Medicare Coverage Criteria for Occupational Therapy

As long as other eligibility and coverage requirements have been met, Medicare reimburses the following OT services in home care at a duration and intensity appropriate to the severity of the patient's impairment and the patient's response to treatment when the skills of a therapist are required to perform the services:



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## Assessment

- Assess and reassess the patient's function, rehabilitation needs, and rehabilitation potential using objective measurements.

*Note: the occupational therapist and not an occupational therapist assessment must perform an assessment of the patient's function at least every 30 days.*

Plan, implement, and supervise therapeutic programs to:

- Restore physical function
- Restore sensory-integrative function
- Support a diagnoses psychiatric illness
- Teach compensatory techniques to improve the level of independence in activities of daily living
- Design, Fabricate, and fit orthotic and self-help devices
- Teach vocational and prevocational skills

## Skilled Occupational Therapy Services in the Home Setting

Common services provided by occupational therapists and occupational therapist assistants in the home setting include:

- Support of a patient's performance of activities of daily living (ADLs)
  - Bathing
  - Grooming
  - Dressing
  - Oral care
  - Eating



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- Toileting hygiene
- Support of a patient's performance of instrumental activities of daily living (IADLs)
  - Preparing meals
  - Shopping
  - Housekeeping
  - Medication management
  - Using the telephone
- Improvement in upper body strength and mobility
- Skills and abilities for employment or work
- Skills and abilities to perform hobbies and leisure activities
- Home safety and safety-related interventions
- Promotion of rest and sleep
- Low vision adaptation
- Use of assistive devices (e.g., reachers, zipper pulls, grab bars, hand rails, etc.)
- Home safety modifications
- Social skills and abilities
- Sensory-perceptual skills
- Cognitive skills and abilities
- Communication skills
- Problem-solving skills
- Compensatory strategies
- Development of therapeutic habits and routines
- Chronic disease management
  - Blood glucose monitoring
  - Foot care
  - Oxygen use
  - Energy and oxygen conservation