

Providers of Outpatient Physical Therapy or Outpatient Speech Pathology (OPT/OSP) Services

2290 - OPT/OSP - Citations

(Rev. 1, 05-21-04)

The statutory basis for providers of OPT/OSP services is found in §1861(p) of the Act. The CoPs are found in [42 CFR 485, Subpart H](#). [Appendix E](#) contains surveyor and interpretive guidelines.

2292 - Types of OPT/OSP Providers

(Rev. 1, 05-21-04)

There are three types of organizations that may qualify as OPT/OSP providers:

2292A - Rehabilitation Agency

(Rev. 1, 05-21-04)

An agency that provides an integrated, multidisciplinary program designed to upgrade the physical functions of handicapped, disabled individuals by bringing together, as a team, specialized rehabilitation personnel. At a minimum, a rehabilitation agency must provide physical therapy or speech language pathology services and a rehabilitation program which, in addition to physical therapy or speech language pathology services, includes social or vocational adjustment services.

2292B - Clinic

(Rev. 1, 05-21-04)

A facility established primarily for the provision of outpatient physicians' services. To meet the definition of a clinic, the facility must meet the following test of physician participation:

- The medical services of the clinic are provided by a group of three or more physicians practicing medicine together; and
- A physician is present in the clinic at all times during hours of operation to perform medical services (rather than only administrative services).

2292C - Public Health Agency

(Rev. 1, 05-21-04)

An official agency established by a State or local government, the primary function of which is to maintain the health of the population served by providing environmental health services, preventive medical services, and in certain instances, therapeutic services.

2294 - Exceptions to CoPs

(Rev. 1, 05-21-04)

In order for clinics, rehabilitation agencies, and public health agencies to be eligible to participate as providers of OPT/OSP services, they must be in compliance with all applicable CoPs, except the following: [42 CFR 485.709](#), Administrative Management, is not applicable to public health agencies, and [42 CFR 485.717](#), Rehabilitation Program, is not applicable to clinics or public health agencies.

2296 - SA Verification of Services Provided

(Rev. 1, 05-21-04)

During the course of the SA survey, it verifies that the services that the provider proposes to offer are actually being provided. The SA evaluates the cumulative records of services actually provided. Work schedules of personnel providing services will show utilization data for various services.

2298 - Site of Service Provision

(Rev. 1, 05-21-04)

2298A - Limitations

(Rev. 1, 05-21-04)

An OPT/OSP provider may provide services on its own premises, on the premises of another **provider** of services, e.g., hospital or SNF, or in the individual's place of residence. The services **may not** be furnished on the premises of a supplier of services, unless they are provided under arrangements with the supplier by public health agencies.

A public health agency may arrange to provide physical therapy or speech pathology services on the premises of a supplier of services if:

- That supplier does not have the capacity to provide an adequate program;

- Such services are not provided on an outpatient basis in another accessible, certified provider; and
- Applicable health and safety requirements are met.

2298B - Services Provided at More Than One Location Controlled by OPT/OSP Provider

(Rev. 1, 05-21-04)

An OPT/OSP provider (normally a rehabilitation agency) may provide services from multiple locations that it controls (e.g., buildings or space it owns or rents). These locations may be freestanding offices, suites in office or medical buildings or, in some cases, spaces in existing Medicare participating LTC facilities. However, the OPT/OSP provider must designate one location as its primary site for certification purposes. It is possible to provide a service directly at one location while providing it under arrangements at another. A patient's home is not considered to be an extension location.

2298C - OPT/OSP Services at Locations Other than Those Provider Controls

(Rev. 1, 05-21-04)

OPT/OSP providers may also provide services from locations other than their primary sites and other than locations that they control directly. These non-controlled locations are defined as extension locations. Normally, an OPT/OSP provider, usually one classified as a rehabilitation agency, will provide services in a nursing home (participating or nonparticipating in Medicare) and treat both inpatients of the facility and outpatients from the surrounding community. The extension unit is an area of the facility that is set aside for the provision of OPT/OSP services. It may be a vacant patient room or a general-purpose room. In all cases, the OPT/OSP primary site must provide the services that are provided at the extension locations. However, it is possible to provide a service directly at one location while providing it under arrangements at another.

NOTE – An OPT/OSP may have an unlimited number of extension locations at a SNF. However, the OPT/OSP must notify the SA/RO of all extension locations.

2300 - SA Annual Report to RO on Locations of Extensions Locations

(Rev. 1, 05-21-04)

OPT/OSP providers are required to report the proposed addition of all new extension locations. In addition, on an annual basis or on or before January 1 of the calendar year, the SA forwards a copy of the Identification of Extension Locations of OPT/OSP Providers (Form CMS-381) (see [Exhibit 56 and 57](#)) to all OPT/OSP providers. If possible, the SA should complete this activity within the same time period for all

OPT/OSP providers. Each provider providing services from extension locations is to indicate, in the appropriate spaces, the name, address of primary site, and the provider number, as well as the name(s) and address(es) of extension location(s) and, under Part B, the specific services (OPT, OSP, or both) each extension location provides. Upon receipt of this form from the OPT/OSP provider, the SA reviews this information and forwards a summary annual report of the information to the RO noting the number of extension locations for each certified OPT/OSP provider.

2302 - SA Survey of OPT/OSP Controlled and Extension locations of Providers Offering OPT Only

(Rev. 1, 05-21-04)

NOTE: A SA may survey a rehabilitation agency extension location in lieu of a survey of the primary site. The extension location must meet all applicable CoPs. The SA may survey as many facility locations as it deems necessary to adequately determine the rehabilitation agency's overall compliance with the CoP.

NOTE: The extension location concept for OPT is applicable only in those cases in which a separate area is set aside within the other provider for the treatment of patients. Do not survey as an extension location if the OPT only treats inpatients in their rooms.

The SA surveys each condition and standard in the OPT/OSP CoPs at each multiple and extension unit with the following exceptions:

- [42 CFR 485.709\(a\)](#) (Standard: Governing body) is based upon the evaluation of the total agency that has responsibility for the primary location as well as all extension locations. When this requirement is met for the primary location, it is met for all locations;
- Condition [485.717](#) (Rehabilitation program) is applicable only to a rehabilitation agency;
- Condition [485.725](#) (Infection control) is applicable only where physical therapy services are being rendered; or
- Condition [485.715](#) (Speech pathology) is applicable only when speech pathology is rendered.

The SA completes a separate survey report, Form CMS-1893, for each surveyed OPT location. Failure to correct deficiencies noted as a result of a survey at any location (extension location, or primary site) will jeopardize the certification of the OPT provider in its entirety. The SA completes only one Form CMS-2567, and indicates the names of all locations (primary, extension location) found to be deficient with respect to each survey item. Also, the SA completes only one Form CMS-1539, and notes the names of all facilities that serve as extension locations in "State Agency Remarks." Surveys of all

locations must be coordinated; therefore, schedule and complete surveys of all locations within the same time period.

When the SA is certifying compliance, findings at all locations are to be considered as a whole. If the OPT provider has deficiencies in only some locations, but they are judged significant enough to warrant termination, the SA initiates termination proceedings. Cessation of services at the location(s) at which the deficiency(ies) existed, in lieu of initiating corrective action, would enable the OPT provider to retain its certification.

EXCEPTION - OPT/OSP providers, regardless of Medicare certification, who wish to establish an extension location outside the State must have a written reciprocal agreement with the state in which the extension location is located. The extension location must conform to **all** regulatory requirements. The appropriate RO will have the OPT/OSP provider sign separate provider agreements. The SA notifies the provider of this requirement if it learns of such situations.

2306 - OPT/OSP Provider Relinquishes Primary Site to CORF

(Rev. 1, 05-21-04)

The OPT/OSP provider, following the conversion of its primary site to a CORF, may select one of its extension locations as a new primary site. The SA notifies the RO via Form CMS-1539 of the new primary location and existing, associated, certified extension locations for OPT/OSP services.

The SA surveys and certifies the new primary location under the OPT/OSP CoPs. If the extension unit now identified as the new primary location was never surveyed and approved, it must now be surveyed. However, existing extension locations do not have to be resurveyed with the survey of the new primary location.