

<b>Subject:</b>	Part B Custodial Services-Skilled Therapy and Vaccine Services		
<b>Policy Number:</b>	PO-RE-128v2		
<b>Effective Date:</b>	11/01/2024	<b>Last Approval Date:</b>	3/24/2026

## I. Policy Description

This policy outlines the guidelines for the reimbursement of Skilled Therapy and Vaccine services provided under Medicare Part B for custodial Healthfirst Medicare members. In accordance with the Centers for Medicare & Medicaid Services (CMS), certain ancillary services may be separately reimbursable when billed by a Nursing Facility.

The information below applies to the following lines of business:

- Medicaid Advantage Plus/MAP (CompleteCare)
- Medicare PPO
- Medicare Advantage
- Integrated Benefit Dual Plan

### Policy Scope

Skilled therapy and vaccine services will be reimbursed separate from the provider’s per day rate for Medicare Advantage, Medicare PPO, and Medicaid Advantage Plus/MAP (CompleteCare) members in custodial care.

### Reimbursement Guidelines

The following Part B services may be billed by the Nursing Facility:

1. Eligible Services: The following services rendered to custodial level residents as well as enrollee residents who have exhausted their inpatient skilled services may be reimbursable and covered for ancillary services under Part B. Part B services include, but are not limited to:
  - Physical Therapy (PT)
  - Occupational Therapy (OT)
  - Speech Therapy (ST)
  - Vaccine Administration

2. Service Criteria: To qualify for reimbursement, the following criteria must be met:
  - A comprehensive written treatment plan must be documented with requests for services mentioned above. This plan may be subjected to periodic review to assess the need for continued Part B custodial services.
  - Ordered by a qualified practitioner. Services must be ordered and directed by a licensed treating practitioner or specialist, which includes M.D.s, D.O.s, PAs, and NPs.
  - Licensed professional delivery. Care must be delivered or supervised by a licensed healthcare professional.
  - Prior authorization is required for PT, ST, and OT visits.

### Billing Guidelines

1. It is the provider's responsibility to:
  - Submit the correct CPT, HCPCS procedure code(s) and diagnosis codes
  - Submit the most updated industry standard codes
  - Submit a modifier, when applicable, with the corresponding CPT and/or HCPCS procedure code(s)
2. Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST) and Vaccine Administration services can be billed by the facility on a separate claim. Healthfirst offers the following billing guidelines for claim submission:

Claim Form	CMS-1450 (UB04)
Bill Types	211-228

Revenue Code	Custodial
0420	Physical Therapy -General
0424	Physical Therapy - Evaluation or reevaluation
0430	Occupational Therapy-General
0434	Occupational Therapy- Evaluation or reevaluation
0440	Speech Therapy -General
0444	Speech Therapy - Evaluation or reevaluation
0634	Pharmacy
0771	Vaccine administration

### Adjudication and Appeals Process

1. Reimbursement for Part B services will be determined based on the provider's scope of services and the reimbursement rates outlined in the provider's contract with Healthfirst.

2. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.
3. This policy applies only to the line(s) of business (LOB) identified at the beginning of the policy and does not apply to other LOBs. For policies applicable to other lines of business, please visit [www.hfproviders.org](http://www.hfproviders.org).
4. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

## II. Applicable Codes

Code	Description	Comment
See above		

## III. Definitions

Term	Meaning
Physical Therapy	Non-surgical treatment necessary for the identification, restoration, and improvement of functions that have been impaired by illness, disease, surgery, trauma or injury. Treatment includes, but is not limited to, therapeutic exercise, physical activity, and training in the activities of daily living.
Occupational Therapy	Non-surgical treatment is necessary for the identification and alleviation of mental and/or physical conditions that limit an individual's ability to perform the activities of daily living. Treatment focuses on increasing independence and minimizing recurrence of injury through education and the use of therapeutic exercise and physical activity at home or at work.
Speech Therapy	Speech therapy is treatment that improves your ability to talk and use other language skills. It helps you express your thoughts and understand what other people are saying to you. It can also improve skills like your memory and ability to solve problems.
Vaccine Administration	Vaccine administration refers to the act of giving vaccines to individuals to protect them from potentially harmful infectious agents. It involves the proper

	handling, storage, preparation, and delivery of vaccines to ensure their efficacy and safety.
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#### IV. Related Policies

Policy Number	Policy Description
N/A	N/A

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*Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.*

#### V. Reference Materials

<a href="#">Medicare Claims Processing Manual</a>
<a href="#">2019 Part B MAC Update   CMS</a>
<a href="#">Medicare Claims Processing Manual</a>

#### VI. Revision History

Revision Date	Summary of Changes
3/24/2026	Annual Review

#### Disclaimer

Healthfirst’s claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst’s coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor’s revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.



This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.