

Referral to and Billing for Otago



What is Otago and how do I refer my patients? A guide for physicians

Use the following information to educate physicians and other providers about the OEP

What is the Otago Exercise Program?

- Otago was developed, tested, and proven to be effective for preventing falls among adults 65 years of age and older in four randomized controlled trials in New Zealand.¹
- Otago has been shown to reduce falls by 35 percent among high-risk individuals. It was most effective for adults 80 years of age or older, who have fallen within the last year, and who have moderate to severe decreased strength and balance due to multiple risk factors including arthritis, de-conditioning, and inactivity.^{1, 9, 21}
- Otago improves both strength and balance—two of the most readily modifiable risk factors for falls.⁹
- Otago was tested as a stand-alone, home-based intervention and is delivered by a trained and licensed physical therapist.¹
- Although tested as a stand-alone intervention the Otago Exercise Program could also be delivered as part of a multifactorial falls prevention program.

Why Should I Refer my Patients?

- Falls are a major threat for your patients.²²
 - One out of three adults aged 65 and older falls each year.
 - Half of all adults aged 80 and older fall each year.
 - Less than half of Medicare beneficiaries who fell in the previous year talked to their health care provider about it.
 - People who fall are two to three times more likely to fall again.
 - Every 29 minutes, an older adult in the U.S. dies from a fall and more than 18,000 seniors die from falls each year.
 - One out of every five falls causes a serious injury such as a head trauma or fracture.

- Direct medical costs for fall injuries in the U.S. total more than \$28 billion annually and hospital costs account for two-thirds of the total.
- Primary care providers (e.g., MD, DO, PA, NP) are in the best position to provide information about the causes of falls and to refer an older adult patient to evidence-based programs that reduce falls.

How Do I Make a Referral?

Assess your older adult patient for falls risk using a multi-factorial falls risk assessment, such as the STEADI (Stopping Elderly Accidents, Deaths, and Injuries) falls risk assessment or the American Geriatrics Society clinical algorithm. If your patient is found at risk for falls due to poor balance or mobility, refer your patient to physical therapy for Otago using the following language: “Evaluation and treatment for balance and falls; consider Otago.” Note that clinical judgment for referral should be used and recommendations could be adjusted (i.e., accepting people <80 and at risk for falls or people who have not fallen in the last year but are at increased risk of falls). The physical therapist will then determine the appropriate fall prevention exercise approach and if the patient would benefit from Otago or another program.

Patients to Refer
<ul style="list-style-type: none"> ▪ Persons who are age 80 or older. ▪ Persons who have fallen in the past year. ▪ Persons who have muscle weakness and balance difficulties due to multiple risk factors, such as arthritis, deconditioning, and inactivity. ▪ Person who are living in the community. ▪ Persons who can walk in their own home with or without a walking aid.

Will this be Covered by Medicare or Other Insurance?

Otago may be covered by Medicare if your patient has been diagnosed with a balance problem. However, Medicare will only cover home-based physical therapy when provided through a home health agency (for those who meet the requirements for homebound status and are covered under Medicare Part A) or a non-hospital affiliated outpatient physical therapy practice (for those who are not classified as homebound and receive the Part B Outpatient Therapy Benefit).

Medicare Advantage and supplemental insurance carriers typically follow what is covered by Medicare. Ensure that in-home physical therapy for your patient’s diagnosis is covered by their insurance prior to Otago referral.

What is the value of the Otago Exercise Program to a physical therapist?

1. The Otago Exercise Program (OEP) has proven to effectively reduce falls in adults aged 80 and over. Integrating the OEP into your practice will result in better outcomes and fewer falls. Better outcomes are one of the best ways to increase referrals to your practice.
2. Local physicians will be educated in this program and will be looking to refer patients to practices which offer this program.
3. The Otago Exercise Program is classified as an evidence-based falls prevention program. You can highlight this program in your marketing materials to increase your referral base.

4. Home Health Agencies are required by Medicare to have a falls prevention program, and the Otago Exercise Program is an accepted program, so agencies do not have to spend time re-inventing the wheel.
5. Outpatient physical therapists can use the Otago Exercise Program as a falls prevention intervention and receive reimbursement through Medicare's quality improvement initiative (PQRI).
6. Therapy and Administrative staff will receive free training in how to implement and sustain the OEP.
7. Opportunity to participate in a national project, receive free advertising through national organizations (the Centers for Disease Control, the American Physical Therapy Association, etc.).

How do I get reimbursed for Otago? A guide for physical therapists

This section provides information about the Medicare guidelines to ensure payment for providing the Otago Exercise Program. There are three reimbursement models for delivery of Otago in the home. Physical therapists should review this section before implementing the Otago Exercise Program, and physical therapists should always review the most current Medicare and state practice act guidelines.

Model 1 –Home health physical therapist (Medicare Part A). The therapist starts the Otago program based on the plan of care. When the patient has met the goals of home health physical therapy or is no longer homebound, is discharged and transferred to a therapist who can provide Medicare Part B in the home to complete Otago.

1. Home Health

- Patients must meet all Medicare guidelines and regulations in order to qualify for Medicare Part A home health care.
 - A physician, physician assistant or nurse practitioner must physically see the patient 90 days prior to or within 30 days of starting treatment and complete an encounter sheet that states the patient was seen for balance impairment.
 - The physical therapist evaluates the patient for falls risks including balance impairments and determines if the Otago exercise program is appropriate. A plan of care is developed.
 - The home health agency as well as the physical therapist are responsible for following all Medicare Part A guidelines of frequency, duration, certification and recertification to assure payment.
 - Medicare will not cover telephone calls or the patient's weights.
2. When the patient is no longer homebound while they are still in the Otago program, they are discharged from the home health plan of care and transferred to a Medicare Part B plan of care.

This could be the same physical therapist but paid for by a different reimbursement mechanism. This is only the case if the home health agency can provide physical therapy services under Medicare A and B. If the home health agency does not provide Medicare B, then the patient will need to be transferred to a Medicare B physical therapist that is not affiliated with a hospital and can provide services in the home. For details on reimbursement under Medicare B see Model 2.

Model 2 –Otago is delivered in the home by a physical therapist billing under Medicare part B.

- Physical therapy is ordered by a physician for evaluation and treatment for abnormal balance and falls. The physical therapist evaluates the patient for falls risks including balance impairments and determines the Otago exercise program is appropriate. A plan of care is developed.
- If your state has direct access for physical therapy, you may not require a physician's referral to assess for balance and falls. Check with your state practice act for direct access guidelines. However, even with direct access, Medicare does require a physician, physician assistant or nurse practitioner to sign the initial certification for the plan of care within 30 days and recertify the plan of care every 90 days.
- Medicare will cover 80% of the visit costs. If the patient has secondary insurance coverage, the secondary insurance will cover the remaining 20%. If there is no secondary insurance, the patient is responsible for the remaining 20%.
- In some cases, there may be a deductible and/or co-pay.
- Medicare does impose caps on therapy services. It is the responsibility of the therapist and/or outpatient facility/provider to know what the current caps are including exceptions to the cap, and to keep the patient advised if they are nearing the limit of the current cap.
- The physical therapist needs to follow all Medicare guidelines of frequency, duration, and certification/recertification to ensure payment.
- The patient must be seen a minimum of one time per 90-day recertification period for re-evaluation, tests/measures and documentation of therapy effectiveness.
- Otago is designed for delivery over a year; this may require 3-4 recertifications depending on whether the patient started Otago with home health, Medicare A, or with Medicare B.
- Medicare will not cover telephone calls or the patient's weights.
- Documentation of the treatment is required at every visit (<https://www.apta.org/your-practice/documentation>)

Model 3 – Patient has Medicare C/Advantage program. An MA organization (MAO) offering an MA plan must provide enrollees in that plan with all original Medicare-covered services. MA plans vary and the physical therapist needs to know what the guidelines are for authorization, co-pays, and documentation.

How do I code for Otago? An evolving guide

- Co-morbidities may be reported with the relevant ICD-10-CM codes and conditions related to therapy goals, affecting the recovery rate.
- R26.89 is best for most situations in which you would choose Otago, perhaps along with either Z89.81 (for people at risk) or R29.6 (for people who have already had repeated falls)
- In some jurisdictions, you must include the code for a history of falls on the claim and one of the ICD-10-CM codes for reporting “medically necessary” care.¹⁹

Relevant ICD-10-CM codes for Otago

- R26.2 Difficulty in walking
 - R26.89 Other abnormalities of gait and mobility (this covers the relevant issues listed below):
 - Cautious gait
 - Gait disorder due to weakness
 - Gait disorder, multifactorial
 - Gait disorder, painful gait
 - Gait disorder, postural instability
 - Gait disorder, weakness
 - Gait disturbance, senile
 - Multifactorial gait problem
 - Unsteady when walking
 - R27.8 Other and unspecified lack of coordination (for "stumbling from lack of coordination")
 - R29.3 Abnormal posture
 - R29.6 Repeated falls
 - M62.81 Muscle weakness, generalized
 - Z89.81 At risk for falling
-