SAMPLE LETTER FOR WHEN HOSPITALS BILL INAPPROPRIATELY FOR OUTPATIENT THERAPY SERVICES
(Print on branch letterhead)

Date

Name
Hospital/Clinic
Address
City, State, Zip

RE: _____ Client Date of Birth: _____
(Client Name)

Dear _____,

We have received a claim from your facility for the above named client.

The Medicare Home Health Agency Manual Section 201.12 Coverage of Services states in part "the law governing the Medicare home health PPS requires the HHA (home health agency) to provide all bundled home health services (except DME) either directly or under arrangement while a patient is under a home health plan of care during an open episode." It further states "The HHA (home health agency) must provide the covered home health services (except DME) either ***directly or under arrangement***." And finally it states "Once the patient is discharged, the HHA (home health agency) is no longer responsible for providing home health services including the bundled Part B medical and therapy services."

The patient in question ***did not*** receive these services as part of a Home Health Plan of Care from _____(agency), nor did _____ (agency) provide this treatment either directly or under arrangement with your facility. Therefore, we cannot be responsible for these claims or any further claims under the same circumstances.

It is the policy of _____ (agency) to check with Medicare ***prior*** to admitting a client for home health services to verify the primary payor and determine any potential billing/payment problems. It is recommended hospitals/clinics follow a similar process to prevent this type of payment/coverage issue. The home health PPS regulations, including the consolidated billing rules, have been in effect since October 1, 2000.

If you have any questions or comments, or if I can be of further service in this matter, please do not hesitate to contact me at: _____
(agency phone #)

Sincerely,

Name/Title