NAVIGATING THE MEDICARE MAZE OF REHABILITATIVE SERVICES

	HOME HEALTH AGENCY	FOX™	OUTPATIENT REHABILITATION
PAYOR SOURCE	*Medicare Part A*	*Medicare Part B*	*Medicare Part B*
LOCATION OF SERVICE	*Client's home*	*Client's home*	*Clinic*
MEDICARE REGULATORY QUALIFICATIONS	*Homebound status required*	*NO homebound status required*	*NO homebound status required*
EASE OF ACCESSIBILITY TO SERVICES IN RELATION TO REGULATORY QUALIFICATIONS	*Good— homebound status required*	*Excellent— no requirements*	*Excellent— no requirements*
CLIENT'S INITIAL FUNCTIONAL STATUS	*Poor*	*Poor, moderate, good, excellent*	*Good, excellent*
GOAL	*Progress functional level to transition to other services*	*Optimize function and safety in the home and community*	*Optimize function and safety in the community*
FREQUENCY AND DURATION OF THERAPY	*Typically 2-3x per week for total of 4-6 weeks*	*2-5x per week (depending on clinically and medically necessary treatment extending past the exemption cap)*	*2-3x per week (with most clinics typically not extending past the exemption cap)*

FOX™

PHYSICAL, OCCUPATIONAL, & SPEECH THERAPY.
FOX REHABILITATES LIVES.

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HOW TO REFER:

*Download and complete our PDF prescription form from the "How to Refer" section of our website, or fax your own prescriptions along with a demographic sheet with client insurance information to **1.800.597.0848** OR if you prefer, you may call a FOX Admissions Coordinator at **1.877.407.3422**.*

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