
Outpatient Physical Therapy/Speech Pathology (OPT/SP) Providers – Extension Units

What is an OPT/SP extension unit?

In accordance with [Chapter 2](#) of the Centers for Medicare/Medicaid Services (CMS) State Operations Manual (SOM), § 2298A, an OPT/SP provider may furnish services from locations other than its primary site. These are called extension locations.

How do I add an extension location to my OPT/SP agency?

In accordance with [Chapter 2](#) of the SOM, § 2300, OPT/SP providers must report the proposed addition of all new extension locations. All required materials necessary for notification of the extension units may be found below, or requested through the Bureau of Facility Standards at (208) 334-6626.

What is included in the extension unit request packet?

The packet includes what must be submitted and approved by the Bureau of Facility Standards as follows:

1. A letter of intent and narrative report which includes:
 - A plan of operation, specific to the services to be provided, treatment modalities, and how you will ensure the extension location has sufficient equipment and staff necessary to meet patient needs.
 - The qualifications and responsibilities of staff, including supervisory staff (Administrator, Physical Therapists, Speech Therapists, etc.)
2. Form [CMS-381](#), *Identification of Extension Units*.

How do I complete the extension unit request?

Complete the CMS-381 Form (item #2 above). Return it and the Narrative Report (item #1 above) to the Bureau of Facility Standards. Please ensure that all questions are answered and

that all hand-printed applications are clearly printed and easily readable.

Where do I send my completed extension unit request materials?

The application materials can be submitted by mail and/or hand delivered. *PLEASE KEEP A COPY FOR YOUR RECORDS.*

✚ If you are mailing the application packet, mail to:

Department of Health and Welfare
Bureau of Facility Standards
P.O. BOX 83720
BOISE, ID 83720-0009

✚ If you are hand delivering the application packet, deliver to:

Department of Health and Welfare
Bureau of Facility Standards
3232 Elder Street
Boise ID 83705

What happens after I submit my extension unit request materials?

Bureau of Facility Standards staff will review the submitted materials. If the request is incomplete, or if there are questions, Bureau staff will contact the provider. Once the application materials have been approved and after we have received notification from the Medicare Fiscal Intermediary that the CMS-855A, *Medicare Application for Health Care Providers that will Bill Fiscal Intermediaries*, application has been approved, we will forward all necessary information to the CMS Region X office for final approval. **Please see below for additional information related to the CMS-855A.**

How long will the extension unit request process take?

The length of the extension unit request process of an OPT/SP provider varies depending on multiple factors such as whether or not the request is complete, whether or not additional information needs to be submitted, current work load and availability of resources necessary to complete the request review, etc. Therefore, it is not possible for the Bureau of Facility Standards to establish specific timeframes.

How do I get paid for providing services?

CMS requires OPT/SP providers complete a new form [CMS-855A](#), when facility changes occur including the addition of an extension location. The form CMS-855A can be accessed on the Internet or requested directly from your fiscal intermediary/carrier:

[Medicare Provider Enrollment](#)

Read the instructions on the web site and obtain the form by clicking on the version you will need for your computer.

Noridian Administrative Services
P.O. Box 6726
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888/608-8816

www.noridianmedicare.com

Additional information

For additional information please contact the Bureau of Facility Standards at (208) 334-6626 or email questions to fsb@dhw.idaho.gov.