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

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## What is an OPT/SP extension unit?

In accordance with [Chapter 2](#) of the Centers for Medicare/Medicaid Services (CMS) State Operations Manual (SOM), section 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, section 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, option 4.

## 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 Administrative Contractor (MAC) that the [CMS-855A](#), Medicare Enrollment 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 the request is complete, whether 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 MAC:

[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  
Fargo, ND 58108-6726  
888/608-8816

[www.noridianmedicare.com](http://www.noridianmedicare.com)

**Additional information**

For additional information please contact the Bureau of Facility Standards at (208) 334-6626, option 4 or email questions to [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov).