

## What should I know about Medicare's coverage of skilled therapy?

Skilled therapy are services that are reasonable and necessary to treat illness or injury, performed by or supervised by a licensed therapist. There are three main types of skilled therapy covered by Medicare:

- **Physical therapy (PT):** Exercise and physical activities used to condition muscles and improve levels of activity. It is helpful for those with physically debilitating illness. PT will help you regain movement and strength in a body area.
- **Speech/language pathology (SLP):** Therapeutic treatment of speech impairments (such as lisping and stuttering) or speech difficulties that result from illness. SLP will help you regain and strengthen speech and language skills.
- **Occupational therapy (OT):** A type of therapy using meaningful activities of daily living to assist people who have difficulty acquiring or performing meaningful work due to impairment or limitation of physical or mental function. OT helps you regain the ability to do usual daily activities by yourself such as eating and putting on clothes.

### Inpatient Skilled Therapy

#### Inpatient Rehabilitation Hospital

Rehabilitation hospitals are specialty hospitals or parts of acute care hospitals that offer intensive inpatient rehabilitation therapy. You may need inpatient care in a rehabilitation hospital if you are recovering from a serious illness, surgery, or injury and require a high level of specialized care that generally cannot be provided in another setting.

Medicare Part A may cover your inpatient rehabilitation hospital services (including skilled therapy) if this level of care is medically necessary. Speak with your doctor if you think this type of care is right for you.

#### Skilled Nursing Facility (SNF)

SNFs are inpatient rehabilitation and medical treatment centers staffed with trained medical professionals who can perform skilled services. They may be attached to nursing homes or hospitals.

Medicare Part A may cover your SNF services (including skilled therapy) after a three-day inpatient hospital stay if:

- You need skilled therapy services, and the services are considered safe and effective treatment for you.
- Your doctor or therapist creates a plan of care before you start receiving services.
- Your doctor or therapist regularly reviews the plan of care and makes changes as needed.

Speak with your doctor about your eligibility for Medicare covered SNF services.

### Home Care

Home health care includes a wide range of health and social services delivered in your home to treat illness or injury, including skilled therapy.

Medicare Part A or B may cover your home care depending upon your circumstances. In order to qualify for Medicare coverage of home care, you must be homebound, require intermittent skilled care, have a face-to-face meeting with a doctor to develop a plan of care with you, and receive services from a Medicare-certified home health agency. Note: In certain circumstances a face-to-face visit facilitated by technology (such as video conferencing).

## Outpatient Skilled Therapy

Medicare Part B will cover outpatient therapy services in a doctor's office, outpatient hospital setting, rehabilitation agency, Comprehensive Outpatient Rehabilitation Facility (CORF), or a public health agency.

You can also receive Part B-covered outpatient therapy services in a skilled nursing facility if you are there as an outpatient, private pay for your room and board, or are otherwise ineligible for a Medicare Part A-covered SNF stay. Part B may also cover outpatient therapy services received at home through home health agency therapists if you are ineligible for Part A coverage of home health care.

Original Medicare covers outpatient therapy at 80% of the Medicare-approved amount. When you receive services from a participating provider, you pay a 20% coinsurance after you meet your Part B deductible (\$198 in 2020). If you are in a Medicare Advantage plan, your costs may differ. You should contact your plan directly to find out what your estimated costs may be.

## Therapy Cap

Previously, there was a limit, also known as the therapy cap, on how much outpatient therapy Original Medicare covered annually. In 2018, the therapy cap was removed. However, if your total therapy costs reach a certain amount, Medicare requires your provider to confirm that your therapy is medically necessary. In 2020, Original Medicare covers up to \$2,080 for PT, SPL and OT before requiring your provider to indicate that your care is medically necessary. Medicare pays for up to 80% of the Medicare-approved amount. This means Original Medicare covers up to \$1,664 (80% of \$2,080) before your provider is required to confirm that your outpatient therapy services are medically necessary. If your provider confirms that your therapy is medically necessary, your skilled therapy coverage should continue.

## How can I protect myself from fraud when receiving skilled therapy?

Fraudulent practices related to skilled therapy often involve either billing for services you never received or receiving excessive and unnecessary services so Medicare or your insurance can be billed more.

### To protect yourself from potential fraud, errors, or abuse:

- Remember your right to refuse unwanted or excessive therapy.
- Review your Medicare Summary Notices (MSNs) or Explanations of Benefits (EOBs) to ensure that you are actually receiving the services listed on any forms you are asked to sign and the services for which your insurance is being billed.
- Do not give out your Medicare number or other personal information to unknown individuals in exchange for services or benefits.

## Who can I contact if I have questions?

**1-800-MEDICARE (800-633-4227):** Call 1-800-Medicare for information on skilled therapy providers in your area.

**Medicare Advantage Plan:** If you have a Medicare Advantage Plan, contact your plan to see which providers or facilities are in your network.

**State Health Insurance Assistance Program (SHIP):** Contact your SHIP for help finding resources and guidance on Medicare's covered skilled therapy services. SHIP counselors provide unbiased Medicare information, counseling, and assistance to help you navigate Medicare. SHIPs also help you understand and exercise your Medicare rights, including the right to appeal decisions made about your costs or care.

## SHIP contact information

These programs have developed creative, safe, and socially distanced ways to continue serving the public during the COVID-19 pandemic.

Local SHIP contact information	
<b>SHIP toll-free:</b> 1-866-552-4464 (Option 4)	
<b>SHIP email:</b> <a href="mailto:GeorgiaCares@dhs.ga.gov">GeorgiaCares@dhs.ga.gov</a>	
<b>SHIP website:</b> <a href="http://www.mygeorgiacares.org">www.mygeorgiacares.org</a>	
<b>To find a SHIP in another state:</b> Call 877-839-2675 or visit <a href="http://www.shiptacenter.org">www.shiptacenter.org</a>	
<p>SHIP National Technical Assistance Center: 877-839-2675   <a href="http://www.shiptacenter.org">www.shiptacenter.org</a>   <a href="mailto:info@shiptacenter.org">info@shiptacenter.org</a>   © 2020 Medicare Rights Center   <a href="http://www.medicareinteractive.org">www.medicareinteractive.org</a>   The Medicare Rights Center is the author of portions of the content in these materials but is not responsible for any content not authored by the Medicare Rights Center.</p> <p><i>This document was supported, in part, by grant numbers 90SATC0002 and 90MPRC0002 from the Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.</i></p>	