

Medicare coverage of outpatient therapy services

Medicare Part B covers medically necessary outpatient therapy services, including:



Physical therapy (PT)



Speech-language pathology (SPL) services



Occupational therapy (OT)

If you meet Medicare's eligibility requirements, Medicare covers therapy on a temporary basis to improve or restore your ability to function, or on an ongoing basis to prevent you from getting worse. Medicare should cover your outpatient therapy regardless of whether your condition is temporary or ongoing (chronic).

Eligibility

You are eligible for Medicare coverage of outpatient therapy services if:

- You need skilled therapy services, and the services are considered safe and effective treatment for you
 - Medicare defines skilled care as care that must be performed by a skilled professional, or under their supervision
- 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

You can get therapy services in a doctor's office, outpatient hospital setting, rehabilitation agency, Comprehensive Outpatient Rehabilitation Facility (CORF), public health agency, or your home. You can also get therapy while at a skilled nursing facility (SNF) or through a home health agency. However, Medicare's coverage rules for outpatient therapy do not apply if you are receiving therapy as part of a Medicare-covered SNF stay or if you are receiving Medicare-covered home health care.

Costs

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.