



## Medicare Covered vs. Non-Covered Services

### Covered

- Skilled and medically necessary evaluation and therapy treatments based on decline in function for specific impairments and functional goals with the purpose of restoring daily mobility/balance, enhancing quality of life, ease of caregiver burden, etc.
- Skilled and medically necessary therapy treatments based on specific impairments and goals with the purpose of maintaining function and preventing decline or deterioration in mobility, balance, quality of life, safety, etc.
- Caregiver and non-skilled personnel training of exercises, safety techniques, strategies, and cues with the purpose of carry over outside of PT clinic

### Non-Covered (Even with a MD referral!)

- Therapy services if there is no evident decline in function (for example: normal scores on objective tests)
- Maintenance therapy services if the therapist deems it is no longer skilled or medically necessary
- Return to sports of any kind, including but not limited to golf, pickleball, running, bicycling, exercise classes
- Fitness, wellness, or preventative services
- Lifestyle coaching, counseling, mentoring
- Using the therapist as an accountability or motivational partner
- Massage
- Review of home exercise programs, cues, strategies, education once patient and/or non-skilled personnel are taught and demonstrate independence in execution of program/activities
- Continuous and ongoing therapy if no carry over is being attempted at home

**\*\*Please note:** Skill and medical necessity is determined by the therapist. If your therapist has deemed your plan of care no longer “covered” but you would like to continue working on “non-covered” service items, we do have cash rate therapy and wellness options available.