



Revised December 2021

Medicare Coverage of Therapy Services

Important: This information only applies if you have Original Medicare. If you have a Medicare Advantage Plan (like an HMO or PPO), check with your plan for information about your plan’s coverage rules on therapy services.

Medicare law no longer limits how much it pays for your medically necessary outpatient therapy services in one calendar year.

What will I pay for medically necessary therapy services?

After you pay your Medicare Part B (Medical Insurance) deductible, you’ll pay 20% of the cost for therapy services. Medicare will pay 80%.

What if my therapy services aren’t medically necessary?

Medicare only pays for therapy services that are considered reasonable and necessary. Your therapist or therapy provider must give you a written notice before providing services that aren’t medically necessary. This notice is called an “Advance Beneficiary Notice of Noncoverage” (ABN). The ABN lets you choose whether or not you want the therapy services. If you choose to get the services that **aren’t** medically necessary, you agree to pay for them.

Your therapist or therapy provider must tell you that your services aren’t medically necessary before giving you an ABN. They can’t give you an ABN only because your therapy expenses have reached a certain amount.

Who can give me outpatient therapy services?

- Physical therapists
- Speech-language pathologists
- Occupational therapists

Doctors and other health care professionals (like nurse practitioners, clinical nurse specialists, and physician assistants) may also offer physical therapy, speech-language pathology, and occupational therapy services.

Where can I get outpatient therapy services?

- Offices of privately practicing therapists
- Many medical offices
- Outpatient hospital departments
- Critical access hospital outpatient departments
- Rehabilitation agencies (sometimes called “other rehabilitation facilities”)
- Comprehensive outpatient rehabilitation facilities
- Skilled nursing facilities (when Medicare Part A (Hospital Insurance) doesn’t apply)
- At home, from certain therapy providers, like privately practicing therapists and certain home health agencies (if you aren’t under a home health plan of care)

Where can I get more information?

Call your State Health Insurance Assistance Program (SHIP) to get free personalized health insurance counseling. To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you’ve been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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