



Physical therapy through Medicare

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All but one of the provisions of the 1967 Social Security Amendments have now gone into effect, and that one will become effective on July 1, 1968. Beginning on that date, Medicare's coverage of physical therapy services will be broadened.

In my column for the February-March issue, there was space for but a brief digest of this provision. Now we can follow that scant digest with more detailed information on how your medical insurance will help pay for additional physical therapy services starting July 1.

First, let's consider how Medicare pays for physical therapy under provisions of the law that remain unchanged. These services can be covered:

- by hospital insurance if you are a bed patient in a hospital or an extended care facility.
- by medical insurance if the services are personally supervised by a physician.
- by either hospital insurance or medical insurance if the services are provided by a home health agency.



Under the provision that becomes effective on July 1, your medical insurance will also help pay for physical therapy services furnished by an approved organization under a plan established and periodically reviewed by a doctor. This is true even if the services are not furnished under his direct supervision provided they are furnished by a qualified hospital, extended care facility, or home health agency, or by an approved clinic, rehabilitation agency, or public health agency.

Under the new provision, medical insurance can help pay for physical therapy services at your home or elsewhere, and even if you are not confined to your home.

Will medical insurance help pay for physical therapy not given under the supervision of a doctor or given under a plan

established by a doctor?

No. Medicare helps pay for physical therapy services only if the services are given under a doctor's supervision, or furnished through an approved organization under a plan established and periodically reviewed by a doctor.

The new provision of the Medicare law will provide payment for physical therapy services to many people who could not have received these benefits under the old law. Many of them are people who are not confined to their homes and others live in areas where the availability of physical therapy services is limited.

The number of physical therapy treatments Medicare can help pay for under the new provision is not limited by law. The duration of your treatments is determined by the plan established by your doctor.

Don't confuse this with the limitations the law places on the number of visits Medicare can pay for as a home health benefit. Some of these visits may be for physical therapy services and some may be for other purposes. The number of home health visits covered by Medicare is limited as follows:

Hospital Insurance — Up to 100 home health visits; up to a year after your most recent discharge from a hospital or extended care facility.

Medical Insurance — Up to 100 home health visits each calendar year even if you have exhausted your hospital insurance benefits or are not eligible for them.

You may also want to refer to *Your Medicare Handbook* (1968 edition). It has more complete information on the coverage of physical therapy services under Medicare. Consult this booklet first whenever you need information on health insurance under Social Security. If you haven't received your copy, get in touch with the nearest Social Security office and ask for one.

