

**GENESEE VALLEY
PHYSICAL THERAPY
& SPORTS REHAB., P.C.**

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This information hopefully will help you understand your (as we interpret them to be) benefits for physical therapy treatment under your Medical Health Insurance Coverage. To the best of our ability we have tried to put this in language that will be easily understood. We direct you to your member services number on the back of your Medicare card to further clarify any questions you may have concerning your coverage.

Medicare Guidelines for Treatment of Physical Therapy Patients-Outpatient

This has been excerpted and condensed from the policy that defines the coverage and limitations under Medicare for rehabilitation modalities and procedures provided by independent physical therapists in an office setting (dated effective 01/15/02).

Supervision of physical therapy services by a Physical Therapist in private practice:

1. Services must be furnished while the patient is under the care of a physician, nurse practitioner, clinical nurse specialist, or physician assistant.
2. The patient must have a signed prescription prior to starting physical therapy. This signed prescription must be renewed and signed at least every 30 days while the patient is receiving treatment. It must indicate the continuing need for physical therapy and estimate how long the services will be needed.
3. **There is a Maximum yearly benefit of \$1860.00 as of 01/01/2010**
4. **Patient yearly deductible is now \$155.00**

Maintenance Therapy: Physical Therapy that does not restore function, but is aimed primarily at alleviating chronic pain syndromes or maintaining function level does not meet Medicare's criteria for reimbursement. These situations include:

1. Services related to activities for the general good and welfare of patients (i.e. general exercises to promote overall fitness and flexibility);
2. Repetitive exercises to maintain gait or maintain strength and endurance, and assisted walking such as that provided in support for feeble or unstable patients; and,
3. Range of motion and passive exercises that are not related to restoration of a specific loss of function, but are useful in maintaining range of motion in paralyzed extremities.
4. Maintenance therapies rendered after the patient has achieved therapeutic goals or for patients who show no further meaningful progress.

If you are currently in a Home Health Episode for any condition and your treatment in our facility is denied by Medicare, you may be held responsible for payment of your visits.

Lastly, certain procedures that may be ordered by your physician may not be covered by your Medicare insurance. You have the option of accepting or refusing this treatment, but we require a signed statement that it has been explained to you and that you either accept the treatment and the responsibility for payment or you refuse the treatment.

Patient Signature _____

Dated _____

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