

Georgetown University Hospital
MedStar Health
Department of Physical Medicine and Rehabilitation

Insurance Guidelines for when Therapy is Medically Necessary

The following are Insurance guidelines as to when therapy is defined as medically necessary and therefore reimbursable versus when therapy is not eligible for payment. (Excerpted from Medicare by laws)

When Therapy is medically necessary:

- When the therapy is performed to restore the patients level of function which has been lost or reduced by illness or injury.
- The therapy is reasonable and necessary for the treatment of a patient's condition.
- There is expectation that the patient's condition will improve significantly in a reasonable and generally predictable period of time.

When Therapy is **not** eligible for payment:

- The therapy is performed repetitively to maintain a *level of function*.
- The patient's restoration potential is insignificant in relation to the extent of therapy services required to achieve such potential.
- It has been determined that the expectations will not materialize
- The services performed are considered to be a general exercise program.

Therefore, when therapy is no longer medically necessary, then you may not be eligible for insurance coverage. If you would like to continue therapy, you will most likely be financially responsible.

Please sign below to indicate that you have read and fully understand the items that are listed above. Thank you.

Signature and Date