

Skilled Therapy Services & Medicare Coverage

Historically, patients were required to show “improvement” to receive Medicare-paid skilled therapy services (STS) --physical, occupational, & speech. However, the 1/24/13 Medicare Improvement Standard case, *Jimmo v. Sebelius*, confirmed that ---

Medicare must cover comprehensive STS & related nursing services to:

- ❖ Maintain function or prevent/slow/decline deterioration; and
- ❖ Cover chronic conditions (illness, disability, or injury) even though the underlying conditions are not expected to improve (e.g. dementia, multiple sclerosis, diabetes, Parkinson’s disease, ALS, arthritis, heart disease, stroke, & other serious conditions).

In summary, Medicare coverage is based on a beneficiary’s need for STS, not on the individual’s potential for improvement. STS is available in all settings (home, hospital, nursing home (N/H), in/outpatient rehabilitations). In addition, all Medicare beneficiaries, including traditional Medicare, Medicare Advantage plans, and Accountable Care Organizations, cover STS.

See Medicare site for details: <https://www.cms.gov/center/special-topic/jimmo-center.html>

N/H Long-Term & Short-Term Care --- STS Highlights

[Rules vary by healthcare setting.]

- **Qualifying 3-day inpatient hospital stay**; in general, must also transfer to N/H within 30 days of discharge from hospital.
- **Physician order** care is only inpatient & must be for a condition related to inpatient hospital services, or for a new condition that arose at N/H while being treated for hospital condition.
- **Skilled nursing care** (provided or supervised by skilled professional) required & received 7 days/week; **skilled therapy** 5 days/week; or **combination of both** 7 days/week.
- **Medicare Part A** maximum benefit period: 100 days (more than 1 benefit period/calendar year);
- **Medicare Part B** supplements Part A, & can continue indefinitely if coverage standards are met.

STS Medicare Coverage Problems (denial, early termination, other)

If Medicare coverage is denied or terminated early, you can appeal. KEPRO is a Medicare contractor.

- You should receive a letter with the planned termination date and appeal process.
Immediately contact: KEPRO Region 1 Appeal Helpline **1-888-319-8452**
- If coverage is denied or you do not receive the letter, call immediately.
In addition to calling KEPRO, also contact Medicare directly **1-800-MEDICARE**
- **Center for Medicare Advocacy**, national nonprofit, helps individuals obtain fair access to Medicare. Call for free appeal advice and “Self-Help-Appeals Packet” **1-202-293-5760**