

# Medicare Fact Sheet

## When Should Medicare be Available for People Living with Paralysis?

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**Q: Can people with paralysis and other long-term conditions receive Medicare coverage?**

**A: Yes.** Medicare coverage should not be denied based on an individual's condition or diagnosis.

**Q: Is it true that Medicare coverage isn't available if a person's condition won't improve?**

**A: No.** Medicare coverage should not be denied based on the individual's ability to improve. Coverage decisions should be made based on each person's individual condition and need for skilled care. A federal court has ruled that improvement is not required to qualify for Medicare covered home health, nursing home, or outpatient therapy care in a case called *Jimmo v. Sebelius*.

**Q: Is Medicare coverage available to maintain an individual's function or keep his/her condition from getting worse?**

**A: Yes.** Medicare covered skilled care in the home, nursing home, or out-patient therapy setting can be available to maintain an individual's condition. Medicare coverage decisions should be based on whether the individual needs skilled nursing or therapy provided by, or under the supervision of a qualified professional – not whether the skilled care is intended to improve the person's condition.

**Q: Is it true that Medicare will only cover home health care for short periods of time and only for acute illnesses?**

**A: No.** If the individual is usually unable to leave home alone ("homebound"), skilled nursing and therapy can be covered to maintain the patient's condition or prevent or slow further deterioration, for so long as a qualified professional is required to provide or supervise the care to ensure it is safe and effective.

**Q: Does Medicare cover care in an Inpatient Rehabilitation Hospital/ Facility (IRH/F)?**

**A: Yes.** Individuals who need an intense level of multi-disciplinary therapies and physician supervision may qualify for Medicare coverage. To be covered in an IRH setting, Medicare does require the individual to make practical improvement. This does not mean becoming completely independent in self-care or being able to return to the level of function prior to one's illness or injury.

**Q: Is it true that Medicare will only pay for a certain amount of outpatient therapy?**

**A: Yes.** For many years Medicare has set an annual cap on the amount it will pay for physical and speech language pathology therapy combined and occupational therapy, separately, when they are provided in an outpatient setting. The annual cap is about \$2,000 but it is adjusted each year. Note, there is an "Exceptions" process to request an extension above the annual payment cap.

## Practical Tips:

1. People who are under 65 and qualify for Medicare based on a long-term disability have the same Medicare benefits as older people. Coverage and coverage rules are the same.
  2. These coverage standards apply for people in traditional Medicare and Medicare Advantage plans.
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## Important Resources:

### ***JIMMO v. SEBELIUS SETTLEMENT AND CORRECTIVE ACTION PLAN***

Medicare Coverage of skilled nursing and skilled therapy services “does not turn on the presence or absence of a beneficiary’s potential for improvement, but rather on the beneficiary’s need for skilled care. Skilled care may be necessary to improve a patient’s condition, to maintain a patient’s current condition, or to prevent or slow further deterioration if the patient’s condition.”

“No Improvement Standard is to be applied in determining Medicare coverage for maintenance claims that require skilled care...”

**[*Jimmo* Settlement] CMS Transmittal 179, Pub 100-02 (1/4/2014)**

“The *Jimmo* Settlement may reflect a change in practice for those providers, adjudicators, and contractors who may have erroneously believed that the Medicare program covers nursing and therapy services under these benefits only when a beneficiary is expected to improve. The Settlement is consistent with the Medicare program's regulations governing maintenance nursing and therapy in skilled nursing facilities, home health services, and outpatient therapy (physical, occupational, and speech) and nursing and therapy in inpatient rehabilitation hospitals for beneficiaries who need the level of care that such hospitals provide.”

***Jimmo v. Sebelius, Corrective Action Plan (2/21/2017)***

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For more information see the Center for Medicare Advocacy’s website: [MedicareAdvocacy.org](http://MedicareAdvocacy.org)