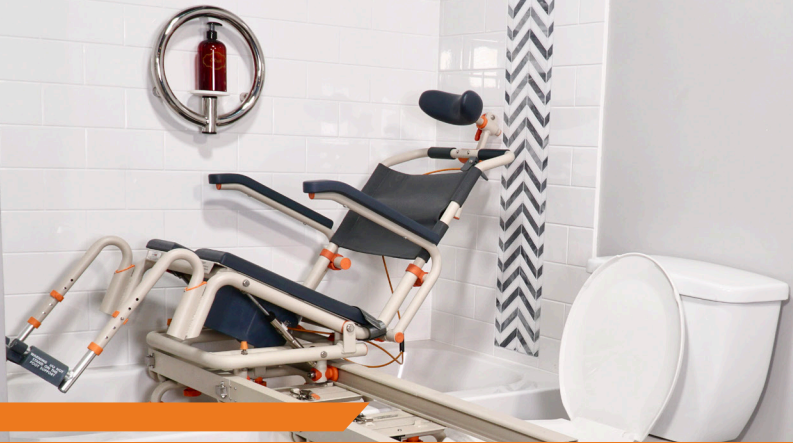


showerbuddy®



Finding an OT – USA

To get funding from Medicare or Medicaid for your occupational therapist or physical therapist you will need to have a written prescription from you physician. The therapist will need to be a Medicaid / Medicare approved provider.

Cover for occupational and physical therapy is an optional, rather than a mandatory, benefit for states to include in their programs. This means that not every state will provide funding for it. If you're not sure whether your state's Medicaid or Medicare program funds occupational or physical therapy, please see the table below.

If occupational or physical therapy is covered by your state, it is usually covered under two sub-parts -

Part A for occupational or physical therapy that a patient received when admitted to hospital, and

Part B for occupational or physical therapy that is administered outside the hospital on an out-patient basis. Under Part B, when administered by an approved provider, Medicare covers 80% of the cost of treatment.

If you don't have a referral from a physician and are paying yourself, it is important to check that your occupational or physical therapist is registered and licensed in accordance with your state association's requirements.

Each state has its own occupational therapy association which is responsible for licensing and regulating the profession. You can navigate to your state's association from the

<https://www.findanoccupationaltherapist.com/>

Check the table below to determine therapist funding options in your state.

Overall, 39 states have reported that occupational and/or physical therapy are covered under their Medicaid/Medicare programs. Seven states reported no coverage, and five states did not respond to the survey. Of those who reported that occupational or physical therapy services are covered, 13 reported some co-payment requirements and 23 reported having either a time or cost limit to the services an individual can receive.

NR = Not Reported



Location	Benefit Covered	Co-payment Required? (Occupational Therapy)	Limits on Services (OT)	Co-payment Required? (Physical Therapy)	Limits on Services (PT)
Alabama	No				
Alaska	No				
Arizona	Yes	\$3.00 per visit for beneficiaries with Transitional Medical Assistance.	15 visits habilitation, 15 visits rehabilitation.	\$3.00 per visit for beneficiaries with Transitional Medical Assistance.	15 visits habilitation, 15 visits rehabilitation.
Arkansas	Yes	Not Reported (NR)	NR	NR	NR
California	Yes	\$1 per outpatient visit.	Rehab potential required and related to activities of daily living.	\$1 per outpatient visit	Rehab potential required and to prevent hospitalization.
Colorado	Yes	No	No	No	No
Connecticut	No				
Delaware	Yes	No	In home or office and renewed by physician every 30 days.Services must be reasonable and necessary.	No	In home or office and renewed by physician every 30 days.Services must be reasonable and necessary.
District of Columbia	Yes	No	Requires prior authorization for service to be reimbursable.	No	Requires prior authorization for service to be reimbursable.

Location	Benefit Covered	Co-payment Required? (Occupational Therapy)	Limits on Services (OT)	Co-payment Required? (Physical Therapy)	Limits on Services (PT)
Florida	Yes	No	\$1500 max per year for outpatient services, as specified on the outpatient revenue code listing.	No	\$1500 max per year for outpatient services, as specified on the outpatient revenue code listing.
Georgia	No				
Hawaii	Yes	No	No	No	No
Idaho	Yes	No	No	No	No
Illinois	NR	NR	NR	NR	NR
Indiana	Yes	No	Prior authorization required, unless ordered by physician prior to hospital discharge. 12 hours/30 days or 30 therapy sessions/month in combination with other therapy providers.	No	Prior authorization required, unless ordered by physician prior to hospital discharge. 12 hours/30 days or 30 therapy sessions/month in combination with other therapy providers.
Iowa	NR	NR	NR	NR	NR
Kansas	Yes	\$1.00 per service date	No	\$1.00 per service date	6 consecutive months of therapy per injury or illness.
Kentucky	Yes	\$3	Annual limit of 20 visits.	\$3	Annual limit of 20 visits.
Louisiana	Yes	No	Services require prior authorization.	No	Services require prior authorization.

Location	Benefit Covered	Co-payment Required? (Occupational Therapy)	Limits on Services (OT)	Co-payment Required? (Physical Therapy)	Limits on Services (PT)
Minnesota	Yes	NR	No	NR	No
Mississippi	Yes	No	NR	No	NR
Missouri	No				
Montana	Yes	Income at or below 100% FPL - \$4 per visit; above FPL - 10% of payment amount	No	Income at or below 100% FPL - \$4 per visit; above FPL - 10% of payment amount	No
Nebraska	Yes	\$1 per session for OT evaluation	A combined total of 60 therapy sessions per fiscal year (physical therapy, occupational therapy, speech therapy).	\$1 per session for PT evaluation	A combined total of 60 therapy sessions per fiscal year (physical therapy, occupational therapy, speech therapy).
Nevada	NR	NR	NR	NR	NR
New Hampshire	Yes	No	NR	No	NR
New Jersey	Yes	No	No	No	No
New Mexico	Yes	\$7 for WDI recipients	No	\$7 for WDI recipients	No
New York	NR	NR	NR	NR	NR

Location	Benefit Covered	Co-payment Required? (Occupational Therapy)	Limits on Services (OT)	Co-payment Required? (Physical Therapy)	Limits on Services (PT)
North Carolina	Yes	No	Prior approval is required to verify medical necessity and treatment visits are limited per calendar year.	No	Prior approval is required to verify medical necessity and treatment visits are limited per calendar year.
North Dakota	Yes	\$2 per visit	One evaluation per year 20 visits per year.	\$2 per visit	One evaluation per year 15 visits per year.
Ohio	Yes	No	30 visits per benefit year without prior authorization.	No	30 visits per benefit year without prior authorization.
Oklahoma	Yes	\$4 per visit	One evaluation/re-evaluation visit per calendar year; limited to 15 visits per calendar year in an outpatient hospital.	\$4 per visit	One evaluation/re-evaluation visit per calendar year; limited to 15 visits per calendar year in an outpatient hospital.
Oregon	Yes	No	Day limits. All coverage is based upon the prioritized list of health services.	No	Day limits. All coverage is based upon the prioritized list of health services.
Pennsylvania	No				
Rhode Island	Yes	No	No	No	No

Location	Benefit Covered	Co-payment Required? (Occupational Therapy)	Limits on Services (OT)	Co-payment Required? (Physical Therapy)	Limits on Services (PT)
South Carolina	NR	NR	NR	NR	NR
South Dakota	Yes	No	NR	No	NR
Tennessee	Yes	No	No	No	No
Texas	Yes	No	Requires prior authorization.	No	Requires prior authorization.
Utah	Yes	\$4 per visit	Rehab potential required; 20 visits per year.	\$4 per visit	Rehab potential required; 20 visits per year.
Vermont	Yes	No	30 visits per year in combination with physical therapy and speech/language therapy; physician order required; additional services require prior authorization.	No	30 visits per year in combination with occupational therapy and speech/language therapy; physician order required; additional services require prior authorization.
Virginia	Yes	\$3 per visit	NR	\$3 per visit	NR
Washington	Yes	No	limit of 12 units per year, more with prior authorization.	No	limit of 12 units per year, more with prior authorization.
West Virginia	Yes	No	Service limits for occupational/physical therapy services are 20 visits in a	No	Service limits for occupational/physical therapy services are 20 visits in a calendar year.

Location	Benefit Covered	Co-payment Required? (Occupational Therapy)	Limits on Services (OT)	Co-payment Required? (Physical Therapy)	Limits on Services (PT)
Wisconsin	Yes	\$0.50 - \$3.00 per service; no co-pay after the first 30 hours of service or \$1,500, whichever occurs first, per calendar year	Prior approval required after 35 visits - evaluations do not count towards the 35 visits; Services limited to 90 minutes per date of service.	\$0.50 - \$3.00 per service; no co-pay after the first 30 hours of service or \$1,500, whichever occurs first, per calendar year	Prior approval required after 35 visits - evaluations do not count towards the 35 visits; Services limited to 90 minutes per date of service.
Wyoming	Yes	No	Prior authorization is required after the first 20 visits to confirm ongoing medical necessity.	No	Prior authorization is required after the first 20 visits to confirm ongoing medical necessity.

This information may not be the latest update available, please speak to your physician for confirmation.