



Plan of Care Extensions + Additional MD Referrals

DISCHARGE DATES + PLAN OF CARE EXTENSIONS: During your initial evaluation, your therapist will determine how long they feel you will likely require care, which can be up to a maximum of 90 days per Medicare B guidelines. We are required by Medicare to then reassess your progress every 10 visits and at the end of your Plan of Care, which we have since had signed and certified by your primary care or referring physician. At each reassessment point, should your therapist determine that you would continue to benefit from skilled therapy, and that skilled therapy remains medically necessary and reasonable, care can be extended. At any point during your therapy, should your therapist determine that either you are unlikely to continue to benefit from skilled care, or that skilled care is no longer medically indicated or reasonable, they will need to discharge you from therapy services.

ADDITIONAL MD REFERRALS: Should you or your doctor feel like you would benefit from more care after your discharge date, or at some point in the future, we request referrals be faxed to us at (781) 262 - 3337. Even with a new referral, it is your therapist's responsibility to determine whether skilled therapy is medically necessary and reasonable and it is up to their discretion whether to resume services. We will provide an update to your referring doctor as to whether or not we will be resuming care.