Rula

Provider resource

Understanding medical necessity

Two everyday analogies to help you (and your clients) tell the difference between medically necessary care and general wellness support.

Insurance covers care that treats a diagnosable condition and restores functioning — not care aimed at optimizing an already-healthy baseline.

These two analogies help you explain that distinction quickly, to yourself and to clients.

Good to know

Maintenance therapy is a real clinical concept — but it isn't a billable service with insurance payors. When it's clinically appropriate, payors will typically allow only 1–3 maintenance sessions, not an ongoing arrangement.

Physical therapy vs. personal training

- ✓ **Medically necessary care.** Physical therapy treats a diagnosed impairment, using a plan of care tied to that diagnosis, with an endpoint when function is restored.
- − **General wellness.** Personal training pursues a fitness goal without a diagnosable impairment driving it, and has no discharge criteria because there's no condition to resolve.

You are the physical therapist — your role is treating a diagnosable, billable event, not optimizing a client who is already at a healthy baseline.

Ask yourself

"Is this session restoring function that's impaired — or improving on a baseline that's already working?"

The strep throat test

- ✓ **Treat the active episode.** A defined course of antibiotics, then you stop.
- − **Not an indefinite regimen.** Not staying on the medication forever, just in case.

If you have strep throat, you take a course of antibiotics, then stop — you don't keep taking them indefinitely "just in case." Strep might return in a few weeks, and if it does, you come back for treatment. Mental health care can work the same way: treat the episode, end care when it resolves, and return if symptoms flare again.

Ask yourself

"Am I treating a current episode — or defaulting to ongoing care out of worry rather than clinical need?"

What to say to clients

On the goal of therapy

"I want to make sure the care I provide, and that your insurance covers, is focused on treating [condition] and getting you back to feeling like yourself — similar to how physical therapy helps someone recover after an injury. Once we've addressed that, ongoing personal growth work is valuable, but it's more like personal training — something you might choose to pursue outside of insurance-covered sessions."

On ending or pausing care

"It makes sense to feel nervous about finishing treatment. Think of it like antibiotics for strep throat: you complete the course and stop, even though strep could come back someday. If it does, you come back for treatment — but you don't stay on medication indefinitely just in case. We're treating this episode, not committing to therapy forever. Let's also talk about your early warning signs — what would tell you it's time to come back — so you can reach out sooner rather than waiting. If things come up again, we'll be here."

Begin with the end in mind

Our job isn't to be a client's support system — it's to help them build, strengthen, or reconnect with the people and routines that will support them long after care ends. That distinction is what earns the trust of a license: we're providing treatment for a diagnosable condition, not standing in as a paid friend.