

[All Articles](#)

Will Medicare Cover That? 11 Surprising Things Your Plan May Pay For

CONTENTS

Does Medicare Cover Massage Therapy?

Does Medicare Cover Acupuncture?

Does Medicare Cover a Patient Advocate?

Does Medicare Cover Adjustable Beds?

Does Medicare Cover Dietitian Visits?

Does Medicare Cover Therapy Sessions?

Does Medicare Cover Hearing Aids in 2026?

Does Medicare Cover CPAP Machines?

Does Medicare Cover Mobility Scooters?

Does Medicare Cover Transportation to Doctor's Appointments?

Does Medicare Cover In-Home Physical Therapy?

You Have More Coverage Than You Think—But You Have to Know to Ask

KEY POINTS

- **Medicare covers far more than most people realize**—from acupuncture and CPAP machines to dietitian visits and mental health therapy, many benefits go unclaimed simply because patients don't know about them.
- Traditional Medicare and Medicare Advantage plans **cover different things**—supplemental benefits like massage therapy, hearing aids, and transportation are often available through Advantage plans but not Original Medicare.
- **Durable Medical Equipment (DME)** including adjustable beds, CPAP machines, and mobility scooters can be covered under Medicare Part B when a doctor documents medical necessity and a Medicare-enrolled supplier is used.
- Medicare Part B covers **mental health therapy** with no session limits for medically necessary care, and **Medical Nutrition Therapy** for patients with diabetes or chronic kidney disease—both benefits that are widely underused.
- **Solace advocates are covered by Medicare**, making professional advocacy widely accessible to patients. Advocates navigate coverage, appeal denied claims, and coordinate care on behalf of patients in all 50 states.

Most people on Medicare figure out the coverage basics quickly: doctor's appointments, hospital stays, prescription drugs. But there's a whole layer of benefits that rarely gets explained—things people often go without simply because they think they'll have to pay out of pocket.

If you've ever wondered, "*Will Medicare cover that?*"—the answer is often yes, with conditions. Here are 11 things your plan may pay for that might genuinely surprise you.

Does Medicare Cover Massage Therapy?

Original Medicare generally does not cover massage therapy on its own. But the story doesn't end there.

If you're enrolled in a [Medicare Advantage](#) plan—also called Part C—massage therapy is often included as a supplemental benefit, and many plans cover it. Beyond that, if massage is incorporated into a physical therapy treatment plan for a medically necessary condition, it may be covered as part of that physical therapy benefit (though this is uncommon in practice).

What to do next: If you're on Medicare Advantage, pull out your Evidence of Coverage document or call your plan's member services line and look for "supplemental benefits" or "wellness benefits." If you're on Original Medicare and your doctor recommends massage as part of PT, ask them to document the medical necessity clearly in their notes.

Does Medicare Cover Acupuncture?

Yes—and this one surprises almost everyone.

In 2020, Medicare expanded its coverage to include acupuncture for chronic low back pain under [Medicare Part B](#), which covers outpatient medical services. Coverage starts with up to 12 sessions in the first 90 days. If you're showing measurable improvement, Medicare may approve up to 8 additional sessions for a maximum of 20 sessions per year. If your condition isn't improving or gets worse, coverage stops.

There's one important condition: The provider must be a Medicare-recognized clinician—such as a doctor, nurse practitioner, or physician assistant—who also holds a qualifying degree in acupuncture or Oriental medicine *and* a current state license to practice acupuncture. In other words, Medicare only covers acupuncture when it's performed by a medical professional who also happens to have advanced acupuncture training—not by a standalone licensed acupuncturist. Finding that combination can take some legwork, and even then coverage only applies to chronic low back pain, not other conditions.

What to do next: Ask your doctor for a referral to a qualifying provider. Part B covers 80% of the approved amount after you meet your deductible.

Does Medicare Cover a Patient Advocate?

This may be the most valuable item on this list.

Most people don't realize that navigating Medicare itself—understanding your benefits, appealing denials, finding in-network specialists, coordinating between providers—is a full-time job. It shouldn't be, either.

time job, it should be yours.

A patient advocate (aka healthcare advocate) is someone who does all of that for you. A good advocate knows the system, fights for your coverage, and handles the calls, paperwork, and coordination that currently fall on you and your family.

Solace connects Medicare patients with dedicated healthcare advocates—registered nurses and other experienced healthcare professionals who work for you, not for hospitals or insurers. Their only priority is your care.

Here's what a Solace advocate can do:

- Navigate your Medicare coverage and find benefits you didn't know you had
- [Appeal denied claims](#)
- Find specialists and book appointments
- Coordinate between your doctors so nothing gets missed
- Attend appointments with you remotely and keep your care team on the same page
- Handle insurance issues that would otherwise cost you hours on hold

Solace is covered by Original Medicare and Medicare Advantage plans nationwide. After working with an advocate, 98% of patients feel more in control of their care, and 92% see better healthcare outcomes.

If there's one thing on this list worth acting on today, it's this.

[See how Solace advocates help Medicare patients →](#)

Does Medicare Cover Adjustable Beds?

It can, but the bed has to be medically necessary, not just more comfortable.

Medicare Part B covers certain adjustable and hospital-style beds as Durable Medical Equipment (DME)—equipment prescribed by a doctor for use at home to treat a medical condition. If your doctor documents that a specific type of bed is medically necessary (for conditions like severe acid reflux, heart failure, or limited mobility), Medicare will cover 80% of the approved cost after your deductible, as long as you use a Medicare-enrolled supplier.

The key distinction: a bed that helps you sleep better is not the same as a bed that treats a medical condition. The documentation has to make that case, and missing or insufficient paperwork is the most common reason these claims get denied.

What to do next: Talk to your doctor about whether a specific bed type is medically indicated for your condition. Get a written order, then find a Medicare-enrolled DME supplier to fulfill it. A Solace advocate can help you navigate the documentation requirements and avoid common pitfalls that lead to denials.

Does Medicare Cover Dietitian Visits?

Yes, for specific medical conditions.

Medicare Part B covers Medical Nutrition Therapy (MNT), which includes visits with a registered dietitian or nutrition professional. Coverage applies if you have diabetes or chronic kidney disease, including patients within 36 months of a kidney transplant. Medicare covers 3 hours of MNT in the first year and up to 2 hours per year after that. If your doctor determines that a change in your condition requires a change in your diet, additional hours may be covered with a new referral. A referral from your doctor is required, and the dietitian must accept Medicare assignment.

What to do next: Ask your primary care doctor for a referral to a registered dietitian who accepts Medicare. The referral is the key to unlocking this benefit.

Does Medicare Cover Therapy Sessions?

Yes. Medicare covers outpatient mental health care more than most people think.

Medicare Part B covers outpatient mental health treatment, including therapy and counseling sessions, at 80% of the approved amount after you meet your deductible. There are no arbitrary session limits for care that's medically necessary. Mental health care is treated the same as physical health care under Medicare.

The main thing to verify: your therapist or counselor must accept Medicare assignment, meaning they've agreed to accept Medicare's approved rates as full payment. If they don't, your out-of-pocket costs could be higher.

What to do next: When scheduling with a mental health provider, ask directly: "Do you accept Medicare assignment?" If yes, you're covered at the standard 80/20 split after your deductible.

Does Medicare Cover Hearing Aids in 2026?

Original Medicare doesn't. Medicare Advantage often does, and this gap surprises a lot of people.

Original Medicare (Parts A and B) does not cover hearing aids or routine hearing exams. Hearing aids can cost \$1,000 to \$4,000 or more per ear, leaving many seniors paying entirely out of pocket.

The difference-maker is Medicare Advantage. Nearly all plans include a hearing benefit—often a \$500 to \$2,500+ annual allowance for hearing aids—plus covered hearing exams.

often \$500 to \$2,000 annual allowance for hearing aids plus covered hearing exams. Benefits vary significantly by plan and by year.

What to do next: If hearing is a concern, it may be worth comparing Medicare Advantage plans in your area specifically for their hearing benefits. If you're already on Medicare Advantage, check your plan's Evidence of Coverage or call member services to understand your current hearing allowance.

Does Medicare Cover CPAP Machines?

Yes, after a qualifying sleep study.

If you've been diagnosed with sleep apnea, Medicare Part B covers CPAP machines and supplies as Durable Medical Equipment. The process starts with a qualifying sleep study that documents your diagnosis. Medicare will then cover a 12-week trial period, and if you're using the device consistently and it's helping, coverage continues on an ongoing basis. Supplies including masks, tubing, and filters are also covered.

Like other DME, you'll need to use a Medicare-enrolled supplier to receive coverage. Using a non-enrolled supplier means Medicare won't pay.

What to do next: If you've had a sleep study or suspect you have sleep apnea, ask your doctor about getting a referral. Confirm your CPAP supplier is enrolled in Medicare before you order anything.

Does Medicare Cover Mobility Scooters?

Yes, when medically necessary.

Medicare Part B covers power-operated vehicles (POVs)—what most people call mobility scooters—as Durable Medical Equipment when your doctor documents that you need one to get around inside your home. Prior authorization may be required, depending on the model, and your doctor must provide thorough documentation of your condition and why a scooter is medically necessary. The coverage follows the same 80/20 split as other DME after your deductible.

The coverage pathway: doctor's documentation → [prior authorization](#) (if required) → Medicare-enrolled supplier. Shortcuts in any of these steps can result in a denial.

What to do next: Talk to your doctor about whether a power-operated vehicle is appropriate for your mobility needs, and ask them to document medical necessity specifically. A Solace advocate can help you navigate the process and avoid the documentation gaps that commonly lead to denials.

Does Medicare Cover Transportation to Doctor's Appointments?

Traditional Medicare doesn't. Medicare Advantage often does, and this one surprises almost everyone.

Original Medicare generally doesn't cover non-emergency transportation to routine medical appointments. But some Medicare Advantage plans include Non-Emergency Medical Transportation (NEMT) as a supplemental benefit—rides to and from doctor appointments, lab visits, and other covered services.

For people who don't drive or live in areas with limited transportation options, this benefit can make a genuine difference in whether care actually happens.

What to do next: If you're on Medicare Advantage, check your Evidence of Coverage under "transportation" or "supplemental benefits." If you're on Original Medicare and transportation is a barrier to care, a Solace advocate can help you identify community resources and explore whether a Medicare Advantage plan that includes NEMT might be a better fit for your situation.

Does Medicare Cover In-Home Physical Therapy?

Yes—and this is one of the most underused benefits in all of Medicare.

[Medicare Part A](#) and Part B both cover physical therapy in the home, under different circumstances. Part A covers home health services—including physical therapy—when you've recently been discharged from a hospital or skilled nursing facility and meet the [homebound](#) criteria. Part B covers outpatient physical therapy provided in the home when your doctor orders it as medically necessary—even if you don't fully meet the homebound standard, as long as getting to a clinic regularly is difficult or unsafe.

In both cases, a doctor must order the therapy and confirm it's medically necessary, meaning your condition requires skilled care, not just maintenance. For the Part A home health pathway, you'll also need to be certified as homebound and the care must come from a Medicare-certified home health agency.

There's no hard cap on the number of visits as long as they're medically necessary, though Medicare does conduct medical reviews on high utilization cases.

What to do next: If you or a family member has difficulty leaving home for appointments, ask your doctor whether you qualify for home health physical therapy under Medicare. Make sure the home health agency is Medicare-certified before services begin. A Solace advocate can help coordinate the referral and ensure the documentation is in order to

avoid denials.

You Have More Coverage Than You Think—But You Have to Know to Ask

Medicare is more generous than most people realize. The problem isn't what's covered. It's that the system was never built to help you find out.

Tracking down benefits, navigating prior authorizations, appealing denials, understanding the difference between what Original Medicare covers and what your Advantage plan adds—that's an enormous amount of work. And it usually falls on patients and their families.

It doesn't have to.

Solace advocates help Medicare patients get the care and coverage they're entitled to. They know the system, they handle the hard parts, and they stay with you—from finding hidden benefits to fighting back when something gets denied. You don't have to figure this out alone.

[See how Solace advocates help Medicare patients →](#)

This article is for informational purposes only and should not be substituted for professional advice. Information is subject to change. Consult your healthcare provider or a qualified professional for guidance on medical issues or healthcare benefits.

REFERENCES

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WE'RE HERE FOR YOU

Find an advocate and get
the help you need

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Solace

Solace puts an advocate in your corner—someone who's spent years in healthcare, knows the system, and takes on the toughest parts of your care. Don't do this alone.



Eligibility varies by plan. Advocates do not provide medical or legal advice or services.

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