



Medicare beneficiaries are subject to a \$1,880 per beneficiary annual financial limitation on rehabilitation services for 2012. Exceptions will be granted if services beyond the cap are considered medically necessary by Medicare until March 1, 2012. Legislators are working toward passing further legislation which would extend the date to include the entire year.

Coverage by Medicare will be limited for outpatient physical therapy (PT), speech-language pathology (SLP), and occupational therapy (OT) services received on January 1, 2012 through December 31, 2012. The limits are \$1,880 for PT and SLP combined and \$1,880 for OT. The limits apply to outpatient Part B therapy services provided in all settings except outpatient hospital.

We will make every attempt to track the amount used when we render rehabilitation services. It is your responsibility to inform us if you have received prior rehabilitation services this year. Keep track of the amount Medicare has applied to the cap which will be present on your Medicare MSN form.

If you require services beyond those reimbursed by Medicare (over \$1,880), and further treatment is medically necessary, your therapist will coordinate with Medicare to utilize the exception process so further services can be funded. It is important this process is initiated before the limit is exceeded. Please notify your therapist if you've received prior rehabilitation services this year so we can account for any portions of your yearly limit already utilized.

If you require services beyond those reimbursed by Medicare (over \$1,880), and Medicare does not consider further treatment medically necessary, you have two options:

- 1) Pay for the remaining therapy services out of pocket**
- 2) Receive further services in an outpatient hospital which is exempt from the cap.**

Our goal is to continue to provide the highest quality of care while adhering to Medicare billing guidelines. Please feel free to ask your therapist if you have any further questions.