



Montgomery Physical Therapy
& Sports Medicine

Dear Medicare Patient,

As you may know, Medicare limits or “caps” the amount it will pay for **outpatient physical therapy services** in a calendar year. Your physical therapist is aware of this financial limitation and can apply for an exception if your care requires medically necessary services—as defined by Medicare—above the cap. This means that you will be able to continue to receive the physical therapy services that you need. Your physical therapist can explain how Medicare defines “medically necessary” and how it applies to your condition and treatment.

What provider settings are subject to the therapy cap in 2013?

Effective January 1, 2013, if you receive therapy services in a private practice, a physician's office, a skilled nursing facility (under Medicare Part B), or a rehabilitation facility, the \$1900 therapy cap with an exceptions process will apply to you. In addition, the therapy cap with an exceptions process will apply to Medicare beneficiaries who receive therapy in hospital outpatient departments. The cap does not apply to patients who receive skilled therapy at home under the Medicare home health benefit Part A, those who receive services under Part A in skilled nursing facilities, or those under a Part A inpatient hospital stay.

It is important that you understand the basic facts about Medicare therapy cap policy. You are encouraged to speak with your physical therapist about the cap and review the following frequently asked questions to learn more about 2013 Medicare therapy cap guidelines and exceptions:

What is the therapy cap amount for 2013?

The annual per beneficiary therapy cap amount for 2013 is \$1900 for outpatient physical therapy and speech-language pathology services combined. There is a separate \$1900 amount for occupational therapy services. If your outpatient therapy services are medically necessary beyond \$1900, your therapist can obtain an exception that will enable you to continue therapy, without any delay in your continued treatment.

What is the exceptions process?

The exceptions process allows you to receive outpatient therapy services in excess of the cap amount delivered in a calendar year. In 2013 there are two exceptions processes—an automatic exception process and a manual medical review exception process.

What is the difference between an "automatic" exception and a "manual medical review" exception?

Your physical therapist can apply for an automatic exception to the therapy cap by using a special code on your claim form if you require outpatient services above \$1900. If you require outpatient services beyond \$3,700 your claims must be reviewed by Medicare in order to continue to receive therapy services and this process may delay your continued treatment for up to 10 days, depending upon Medicare's processing of our request for additional treatment.

If a Medicare beneficiary receives outpatient physical therapy services January-March for a hip replacement and is discharged, then returns in September as a result of a stroke, is there one cap for the first episode of treatment and a new cap for the second episode of treatment?

No. The therapy cap is an annual per beneficiary cap.

What will my Physical Therapy Provider do to inform me if I am reaching my therapy cap?

Here at Montgomery Physical Therapy, and at most Physical Therapy clinics, we will ask you to sign an "ABN" or Advanced Beneficiary Notice. This form will state that either you A) wish to continue therapy services after you reach your \$1900 therapy cap (as medically necessary) or B) wish to continue your therapy after you reach your \$1900 therapy cap, but will pay for it out of your own pocket, or C) you do not wish to continue therapy after you reach your \$1900 therapy cap. This form will be explained to you in our office and questions are welcomed so that we can make sure that you fully understand.

Where can I find more information on the therapy cap?

Medicare beneficiaries can find more information on the cap on the American Physical Therapy Association's website at

<http://www.apta.org/PatientActionCenter/>.

How can I tell Congress that the therapy cap should be eliminated?

Medicare beneficiaries can ask their members of Congress to repeal the therapy cap by going to the American Physical Therapy Association's Patient Legislative Action Center at

<http://capwiz.com/amerpta/home/>.

The American Physical Therapy Association (APTA) represents more than 80,000 physical therapists, physical therapist assistants, and students of physical therapy nationwide. APTA's mission is to further the profession's role in the prevention, diagnosis, and treatment of movement dysfunctions and the enhancement of the physical health and functional abilities of members of the public.

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