

# Medicare guidelines on Physical Therapy:

## How often is it covered?

Medicare Part B (Medical Insurance) helps pay for medically necessary outpatient physical and occupational therapy, and speech-language pathology services. There are limits on these services when you get them from most outpatient providers. These limits are called “therapy caps.”

*The therapy cap amounts for 2014 are:*

***\$1,920 for physical therapy (PT) and speech-language pathology (SLP) services combined***

***\$1,880 for occupational therapy (OT) services***

You may qualify to get an exception so that Medicare will continue to pay its share for your services after you reach the therapy cap limits. Your therapist must document your need for medically necessary services in your medical record, and your therapist’s billing office must indicate on your claim for services above the therapy cap that your outpatient therapy services are medically necessary.

Even if your therapist provides documentation that your services were medically necessary, **you might still be responsible for costs above the \$1,920 therapy cap limits.** If Medicare finds, at any time (even after your therapy services have been paid for), that the services above the therapy cap limits weren’t medically necessary, you might have to pay for the total cost of the services above the \$1,920 therapy cap limits.

Sign \_\_\_\_\_ Date \_\_\_\_\_

**SIMI PHYSICAL THERAPY CENTER  
MEDICARE PROGRAM PATIENT CONSENT AND PAYMENT AUTHORIZATION**

I request rehabilitation services from SIMI PHYSICAL THERAPY CENTER and consent to the treatment ordered by my physician who directs and monitors my care. SIMI PHYSICAL THERAPY CENTER is not liable for any act or omission when following the instructions of my physician.

I consent to the release of information and a copy of my clinical records to SIMI PHYSICAL THERAPY CENTER by any health care provider.

I do not receive Medicare benefits from a coordinated care plan such as an HMO and I am eligible to receive Medicare part B benefits from a provider of my choice. I certify that the information given by me in applying for payment under the Medicare program (Title XVIII of the Social Security Act) is correct. I authorize release of all records required to act on this request and that payment of authorized benefits be made on my behalf.

I have Medicare supplemental insurance with:

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

I hereby assign payment of any Medicare supplemental insurance benefits to SIMI PHYSICAL THERAPY CENTER. In the event the insurance benefits are paid directly to me, I agree to make immediate payment or endorse and send the check to SIMI PHYSICAL THERAPY CENTER. If I do not have secondary insurance, I agree to pay the deductible and/or coinsurance when billed unless other arrangements are made.

The undersigned certifies that he/she has read the foregoing, received a copy thereof, and is the patient or is duly authorized by the patient to execute the above and accepts its terms.

Patients Name (print) \_\_\_\_\_ Clinical Record # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

If the patient did not sign this form, what is the relationship of the signer to the patient?

\_\_\_\_\_  
Reason for not signing: \_\_\_\_\_

## 2014 Medicare Cap on Therapy Services

<b>Home Health Services &amp; Outpatient Therapy:</b>	
Beneficiaries receiving ANY type of home health services are ineligible for outpatient physical Therapy.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently receiving ANY home health services?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received ANY home health services (nursing, therapy, etc....) in the last 6 months? If Yes, indicate date the service ended:

<b>2014 Therapy Cap Summary:</b>	
<p><b>Medicare has placed a financial limitation of \$1,920</b> on the amount of PHYSICAL AND SPEECH LANGUAGE PATHOLOGY an individual can receive in 2014. This cap combines physical therapy and speech-language pathology services for dates of service from January 1, 2014 through December 31, 2014. The cap excludes services provided at hospitals. The cap is based on the Medicare allowed fees.</p> <p><b>Based on our typical visit patterns, you may reach the cap after about 15 – 18 visits.</b> In 2013 we averaged 18 visits per Medicare patient. Of course, some patients went longer due to their medical conditions and response to therapy.</p> <p>If you get close to reaching the cap we will review the available options with you. Medicare has in the past defined automatic and manual exceptions. Effective January 1, 2012, the automatic and manual exceptions are no longer in effect. We will inform you if and when, the exception policy is reinstated.</p> <p>We believe that continuity of care is critical to reaching maximum function and returning you to an active lifestyle. Therefore, we have developed special programs to assist our patients that have reached the cap in continuing care here at Simi Physical Therapy Center. We will keep you informed about your options.</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received ANY inpatient or outpatient physical therapy services since January 1, 2014? If yes, indicate : Where: When:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received ANY speech-language pathology services since January 1, 2014? If Yes, indicate: Where: When:

My signature below indicates that I have read and understand the above information regarding the Medicare Therapy Cap and have had all my questions answered.	
<b>Signature:</b>	<b>Date:</b>