



Medicare beneficiaries are subject to a \$1,980 per beneficiary annual financial limitation on rehabilitation services for 2017. Exceptions will be granted if services beyond the cap are considered medically necessary by Medicare.

Coverage by Medicare will be limited for outpatient physical therapy (PT), speech-language pathology (SLP), and occupational therapy (OT) services received on January 1, 2017 through December 31, 2017. The limits are \$1,980 for PT and SLP combined and \$1,980 for OT. The limits apply to outpatient Part B therapy services provided in all settings. There are exception processes in place if therapy is needed beyond that threshold.

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.

If you require services beyond those reimbursed by Medicare (over \$1,980), and further treatment is medically necessary, your therapist will coordinate with Medicare to utilize the exception process so further services can be funded (up to \$3700). 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 therapy is required beyond \$3700, a manual review is required by Medicare before the services are provided.

If you require services beyond those reimbursed by Medicare (over \$1,980), and Medicare does not consider further treatment medically necessary, you may choose to pay for the remaining therapy services out of pocket.

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.