

Somerset Hills Physical Therapy

Information for Highmark Medicare Services

Payment: Somerset Hills PT participates with Medicare and we submit bills directly to Medicare for payment. Medicare will pay 80% of your bill as long as your condition continues to meet Medicare's strict and limiting criteria for coverage. Medicare Regulations say that a review may be done on all Medicare patients receiving physical therapy to determine whether treatment prescribed and provided meets their criteria for coverage. Medicare does not pay for what they deem is "maintenance". If you have any questions regarding Medicare's criteria, please ask your therapist. We will inform you when you are nearing the end of treatment covered under Medicare. At that time you will need to decide if you will continue treatment under a fee-for-service plan, where you will be responsible for paying SHPT for additional treatments.

Secondary Insurance: If you have not yet met your annual deductible, you will be responsible for that amount before coverage begins. If you have a secondary insurance, they may or may not pay the deductible, or the remaining 20%, or *any* part of your bill. You will need to check with your insurance about coverage. If after this process there is an outstanding balance, you will receive a bill from SHPT for which you will be responsible.

We participate with many secondary insurance companies, and will forward bills to them on your behalf. If we do not participate with your secondary insurance company, or if you do not have secondary insurance, you will be billed for the deductible and the 20% co-payment, plus any other amount not covered by Medicare

Non-coverage: Medicare coverage is governed by certain limiting factors. Your records are subject to periodic review by Medicare and thereby, possible denial of coverage. Medicare will only pay for services which it determines are "reasonable and necessary", under section 1862(a)(1) of the Medicare law. If Medicare determines that a particular service does not fall within its guidelines, they will deny payment for that service. For details, please refer to www.highmarkmedicare.com, or speak with a member of our staff.

Therapy Cap: For the year 2011, the out-patient physical therapy cap is \$1870. After that amount is reached, you may qualify for an exception to exceed the cap. Your therapist will determine if you qualify based on certain criteria including, but not limited to, diagnosis and functional status. If you need additional information on the 2011 cap, please ask our staff for a copy of our Highmark Medicare Cap Information Sheet.

We understand that all of the recent changes in insurance are often confusing, and so, if you have any questions regarding payment or coverage, please speak with our staff. The above information is based on our current understanding with Highmark Medicare Services and may be subject to change by law.