CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Limits on Therapy Services

Medicare limits how much it covers for medically-necessary outpatient physical therapy, speech-language pathology, and occupational therapy.

What are the outpatient therapy limits for 2011?

- $1,870 for physical therapy and speech language pathology combined
- $1,870 for occupational therapy

After you pay your yearly deductible for Medicare Part B (Medical Insurance), Medicare pays its share (80%), and you pay your share (20%) of the therapy cost. The Part B deductible is $162 for 2011. Medicare will keep paying its share for therapy services until the total amount paid, including the deductible and coinsurance, reaches the therapy limit. You may qualify for an exception to the therapy limits (which would allow Medicare to pay for services after you reach the limits) if the services are medically necessary. You'll find more information about this on the next page.

The therapy limits apply when *BOTH* of the following are true:

You get outpatient therapy **from any of these** people

- Doctors
- Physical therapists
- Occupational therapists
- Physician assistants
- Speech-language pathologists
- Nurse practitioners
- Clinical nurse specialists
- Physical therapy assistants or occupational therapy assistants under the supervision of a physical therapist or occupational therapist

AND

You get outpatient therapy **at any of these** places

- Most medical offices
- Outpatient rehabilitation facilities/rehabilitation agencies
- Comprehensive outpatient rehabilitation facilities
- Skilled nursing facilities (SNFs) for outpatients or residents who aren't in Medicare-certified parts of the facility
- Home, from certain therapy providers

The outpatient therapy limits don't apply to therapy services you get at hospital outpatient departments or hospital emergency rooms. There is no limit on Medicare payments for medically-necessary outpatient therapy services if you get these services in a hospital outpatient department or a hospital emergency room.

What can I do if I need services that will go above the outpatient therapy limits?

You don't have to submit a written request to get an exception. However, your therapist must keep information in your medical record to justify the need for services beyond the therapy limits. If your need for therapy is documented and your costs are above the therapy limits, your therapist's billing office will add an explanation to the claim to justify your continuing need for services.

How do I find out if my therapy services will go above the limits?

If you get all your therapy in the same place, your therapist's billing office will have the most up-to-date information and will know if your services will go above these limits. You can also check your Medicare Summary Notice. This is the notice you get in the mail (usually every 3 months) that lists the services you had and the amount you may be billed. You can also visit www.MyMedicare.gov to track your claims for therapy services. This Web site is Medicare's secure online service for accessing your personal Medicare information.

Where can I get more information?

Call your State Health Insurance Assistance Program (SHIP) to get free personalized health insurance counseling. To get the phone number for your state, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can also visit www.medicare.gov/contacts.

Note: This information only applies if you have Original Medicare. If you get your Medicare health care through a Medicare Advantage Plan (like an HMO or PPO), check with your plan for information about your plan's coverage rules.

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