

2019

MEDICARE FINANCIAL NOTIFICATION and HOME HEALTH CERTIFICATION

Patient Name: _____

We gladly accept Medicare Assignment and will submit claims to Medicare for you. The purpose of this notice is to update you on the recent Medicare requirements and benefits for physical therapy.

Effective January 1, 2019, the Center for Medicare and Medicaid Services (CMS) implemented a Financial Limitation, (or Cap), totaling \$2,040.00 for Medicare Part B outpatient services for Physical, Occupational, and Speech therapy services.

CMS's Financial Limitation (Cap) will be applied in the following manner for outpatient rehabilitation services:

- Physical and Speech Therapy will share one \$2,040.00 Cap for both therapies combined.
Occupational Therapy services will have a separate \$2,040.00 financial limitation.
These financial limitations will be effective unless otherwise changed or suspended by CMS.

Medicare requirements for physical therapy benefits are as follows:

- You must have had an office visit with your physician and have received a prescription or referral for physical therapy. Anytime a new condition/problem occurs, you must get a NEW prescription/referral from your physician. (We need a copy of this prescription)
Your therapist will also need a treatment plan signed by your physician. (We will obtain that needed correspondence)
Medicare will subtract your co-insurance from the \$2,040.00 Cap and pay \$1,632.00 or 80%. The 20% coinsurance, or \$408.00 will be paid by you or a supplemental insurance you may have. These limits are based off the Medicare fee schedule allowed amount after your \$185.00 deductible has been met. The Cap will be based on services paid by Medicare at the allowable rate, not the provider's charges.

As a Medicare provider, we are obligated to inform you of the above financial limitation and benefits described above which includes your financial responsibility. As a courtesy, we will track the services you receive from us and notify you when the amount is close to meeting Medicare's \$2,040.00 financial limit.

If you are close to the Cap and you need additional therapy, you may choose from the following options:

- You may qualify for an exception to the Cap that will permit you to continue therapy that is covered by Medicare;
- If you have secondary coverage, your secondary insurer may pay for costs above the Cap;
- You may discuss self-pay options with our therapist and/or front desk receptionist.

Medicare Therapy Cap Exceptions

Congress has made provisions for exceptions to the Medicare Cap for which you may qualify when therapy services beyond the financial limitation (Cap) are medically necessary. Your therapist will discuss your status with you as you near the Cap. If you have already exceeded your financial limit for the calendar year, your therapist will discuss your ability to qualify for further treatment under an exception after your evaluation or re-evaluation.

I have read and understand the above information.

X _____ Date ____/____/____
Signature of Patient

I CERTIFY THAT I AM NOT CURRENTLY HAVING ANY HOME HEALTH SERVICES AT THIS TIME, INCLUDING NURSING, ETC. IF I AM HAVING HOME HEALTH SERVICES AT THE SAME TIME AS OUTPATIENT PHYSICAL THERAPY, MY THERAPY WILL NOT BE COVERED BY MEDICARE AND I WILL BE RESPONSIBLE FOR THE CHARGES.

X _____ Date ____/____/____
Signature of Patient