



Western New York Physical & Occupational Therapy Group, PLLC

## **MEDICARE / THERAPY CAP LIMITATIONS**

**Effective 1/01/2018 to 12/31/2018**, Medicare continues to place a financial limitation on your outpatient physical, speech-language and occupational therapy services (therapy cap). However, Medicare does allow for exception to the therapy cap based on medical necessity.

**The 2018 limits are:**

- **\$2,010 per year for physical therapy and speech therapy combined, and**
- **\$2,010 per year for occupational therapy**

**We will make every effort to notify you as you approach the above limitations imposed by Medicare. At that point you and your therapist should discuss whether or not your plan of care qualifies for an exception to Medicare's therapy cap limitations. If you and your therapist decide that further treatment is medically necessary, we will continue to submit your claims to Medicare for reimbursement.**

Services that exceed the above limitations and **do not** qualify an exception to the therapy cap are considered by Medicare to be a non-covered benefit. Therefore, Medicare **will not** pay for the service. Because the service does not meet Medicare's definition of a covered benefit, **you will be responsible to pay for the service** personally or through any other insurance you may have.

If you reach the limits mandated by Medicare and **do not** qualify for an exception, you may:

continue your treatments at WNY PTOT at an **estimated cost of \$35 - \$45 /visit**, or discontinue therapy.

If you have any questions about your available benefits, please feel free to call our Billing Department at 684-0400. You can also monitor your available benefit by calling **1-800-MEDICARE**.

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