



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 2009?

- \$1,840 for physical therapy and speech language pathology combined
- \$1,840 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 \$135 for 2009. 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*

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- Doctors
 - Physical therapists
 - Occupational therapists
 - Physician assistants
 - Speech-language pathologists
 - Nurse practitioners
 - Critical nurse specialists

AND

You get outpatient therapy *at any of these places*

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- 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 them 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.

Note: In July 2008, Congress passed a law to continue allowing exceptions to the therapy limits process. If you had therapy services that were above the therapy limits in July 2008 (before your therapist knew about the extension), you may still qualify for an exception retroactively. If you paid more than your usual coinsurance (after the deductible), you should ask the therapy provider to request an exception for the July 2008 services and pay you back the difference. The therapy limits in effect for 2008 were \$1,810 for physical therapy and speech language pathology combined, and \$1,810 for occupational therapy.

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 website is Medicare's secure online service for accessing your personal Medicare information.

Where can I go for more information?

For free, personalized health insurance counseling, call your State Health Insurance Assistance Program (SHIP). To find the most current 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, and select "Find Helpful Phone Numbers and Websites."

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.