

Medicare Beneficiary Info 2020

Medicare Part B helps pay for **medically necessary** outpatient physical and occupational therapy, and speech-language pathology services. There are limits on these services when you get them from most outpatient providers. These limits are called "therapy caps" or "therapy cap limits."

The therapy cap limits for 2020 are:

\$2,080 for physical therapy (PT) and speech-language pathology (SLP) services combined
\$2,080 for occupational therapy (OT) services

You may qualify to get an exception to the therapy cap limits so that Medicare will continue to pay its share for your therapy services after you reach the financial cap. Your therapist must document your need for medically reasonable and necessary services in your medical record and must indicate on your Medicare claim for services above the therapy cap that your outpatient therapy services are medically reasonable and necessary.

Any treatment you have received at another out-patient facility, even if it was for a different injury or diagnosis, applies to the therapy cap. If your therapist believes that your treatment may not be considered medically necessary according to Medicare guidelines, you will be given a form to sign called an Advance Beneficiary Notice of Non-Coverage (or ABN), and may be responsible for any further charges.

If you have supplemental or secondary insurance, they will be billed once Medicare has made a payment decision. You are responsible for 20% (approximately \$25 per visit) of the charges if you do not have supplemental or secondary insurance, or if they do not pay.

Please sign this form to indicate that you understand the above therapy cap and supplemental/secondary insurance information.

Please ask questions if there is anything that you do not understand. Alternatively, you can call 1-800-MEDICARE or visit www.medicare.gov with any questions regarding your Medicare coverage.

Name _____ Date _____