



MEDICARE PHYSICAL THERAPY CAP LIMITS

Medicare limits how much it pays for your medically necessary outpatient therapy services in one calendar year. These limits are called “therapy caps” or “therapy cap limits.”

What are the outpatient therapy cap limits for 2020?

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

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 cost for the therapy services. If you have a secondary insurance or Medicare supplement, they may pick up some or all of your remaining 20% coinsurance. The Part B deductible is \$198 for 2020.

Medicare will pay its share for therapy services until the total amount paid by both you and Medicare reaches the therapy cap limit. This \$2,080 amount is cumulative for the entire calendar year and is not per incident. Amounts paid by you may include costs like the deductible and coinsurance.

Can I get an exception to the therapy cap limits?

There are certain circumstances (i.e. surgery) where you may qualify for an exception to the therapy cap limit (which would allow Medicare to pay for services after you reach the therapy cap limit) if you get medically necessary PT and/or SLP services over the \$2,080 therapy cap limit.

Medicare will not cover maintenance care. There must be documentable progression in your care in order for it to be considered medically necessary.

If you do meet your yearly therapy cap, and do not qualify for an exception for continued care, we do offer a discounted cash pay rate (Please ask front office for details).

I have read and understand the above information regarding Medicare physical therapy caps and limitations.

Patient Signature

Date