



Phase II Therapy Cap Provider Letter

NPI:

Date:

Provider Name and Address:

Subject: Notification of Request for Exception Requirements for Therapy

Dear Therapy Provider:

Our records show that you're a provider of physical therapy, speech-language pathology services, or occupational therapy. Beginning October 1, 2012, all Medicare Fee-For-Service therapy claims that combined exceed \$3,700 will be subject to manual medical review. To implement this process, CMS has assigned providers to one of three specific phases.

You're being assigned to Phase II, which starts on November 1, 2012 and runs until December 31, 2012.

Beginning on November 1, 2012, you must request an exception to the medical review for beneficiaries who will exceed \$3,700 in therapy services. Any claim which hasn't received an approved exception shall be subject to complex prepayment medical review. The Medicare contractor to whom you submit claims will have detailed information on its website about how to submit a request.

CMS has the authority to review any claim at any time. Please be sure that all services billed are medically necessary and properly documented. In addition, please explain the therapy limits to your Medicare patients. If you provide services after the \$1,880 cap has been reached and they aren't covered by Medicare, the beneficiary will be responsible for all of the costs for these services.

For more information on the Medicare Part B outpatient therapy caps and exceptions process, visit <http://go.cms.gov/MedRev>.