



THErapy CAP BENEFICIARY LETTER

Date:

Beneficiary Name and Address:

Subject: Notice About Going Above Medicare Limits on Therapy Services

Dear Medicare Patient:

Our records show that Medicare has paid at least \$1,700 for your therapy services so far this year. Medicare limits how much it pays for your medically necessary outpatient therapy services in one calendar year. These limits are called “therapy caps.” The therapy cap amounts for 2012 are:

- \$1,880 for physical therapy (PT) and speech-language pathology (SLP) services combined
- \$1,880 for occupational therapy (OT) services

Medicare will keep paying its share for your therapy services until the total amount paid reaches either one of the therapy cap limits. This total amount includes what Medicare paid and any amounts paid by you, like the deductible and coinsurance.

If your therapy services go over the \$1,880 therapy cap limit, your therapist or doctor can ask for an exception. **Even if your therapist or doctor asks for an exception, this isn’t a guarantee that you won’t have to pay for costs above the \$1,880 therapy cap amounts.** If Medicare decides, at any time (even after your therapy services have been paid for), that your therapist or doctor didn’t show enough proof that your therapy services were medically necessary, you may have to pay for the total cost of the services above the \$1,880 therapy cap amounts. Talk to your therapist or doctor about any therapy services you’ll get for the rest of the year.

Where to get more information:

If you have questions about this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Or, visit <http://go.cms.gov/MedRev>.