

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



REMINDER product from the Medicare Learning Network® (MLN)

- [“Medicare Coverage of Imaging Services”](#) Fact Sheet, ICN 907164, downloadable

MLN Matters® Number: MM8407

Related Change Request (CR) #: CR 8407

Related CR Release Date: November 6, 2013

Effective Date: January 1, 2014

Related CR Transmittal #: R2807CP

Implementation Date: January 6, 2014

## Therapy Cap Values for Calendar Year (CY) 2014

### Provider Types Affected

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This MLN Matters® Article is intended for physicians, other providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries.

### What You Need to Know

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This article is based on Change Request (CR) 8407, which informs Medicare contractors about changes to the policy for outpatient therapy caps for CY 2014. **For physical therapy and speech-language pathology combined, the therapy cap for 2014 will be \$1,920. For occupational therapy, the cap for 2014 will be \$1,920. Make sure that your billing staffs are aware of these changes.**

### Background

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The Balanced Budget Act of 1997, P.L. 105-33, Section 4541(c) applies, per beneficiary, annual financial limitations on expenses considered incurred for outpatient therapy services under Medicare Part B. These limitations are commonly referred to as “therapy caps.” The therapy caps are updated each year based on the Medicare Economic Index. The Deficit Reduction Act of 2005 directed the Secretary to implement a process for exceptions to therapy caps for medically

#### Disclaimer

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necessary services. The exceptions process for the therapy caps has been continuously extended several times through subsequent legislation. Most recently, section 603(a) of the American Taxpayer Relief Act of 2012 extended the therapy caps exception process through December 31, 2013.

## Additional Information

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The official instruction, CR 8407 issued to your MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2807CP.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

If you have any questions, please contact your MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

**News Flash** - Generally, Medicare Part B covers one flu vaccination and its administration per flu season for beneficiaries without co-pay or deductible. Now is the perfect time to vaccinate beneficiaries. Health care providers are encouraged to get a flu vaccine to help protect themselves from the flu and to keep from spreading it to their family, co-workers, and patients. Note: The flu vaccine is not a Part D-covered drug. For more information, visit:

- [MLN Matters® Article #MM8433](#), "Influenza Vaccine Payment Allowances - Annual Update for 2013-2014 Season"
- [MLN Matters® Article #SE1336](#), "2013-2014 Influenza (Flu) Resources for Health Care Professionals"
- [HealthMap Vaccine Finder](#) - a free, online service where users can search for locations offering flu and other adult vaccines. While some providers may offer flu vaccines, those that don't can help their patients locate flu vaccines within their local community.

The CDC website for [Free Resources](#), including [prescription-style tear-pads](#) that allow you to give a customized flu shot reminder to patients at high-risk for complications from the flu.

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