

## Medicare Cap – Repeal or Not?

### UPDATE

February 3<sup>rd</sup>, 2018

In January we sent out a bulletin advising our clients about the current state of the Medicare cap. A copy of that bulletin is below this one. We feel that it is important to update everyone on what has transpired since then—Congress has done nothing, and may do nothing with the Medicare cap before Medicare patients begin hitting the \$2010.00 cap on outpatient PT & SLP combined benefits and \$2010.00 for OT benefits. We advise providers to notify their patients with an Advanced Beneficiary Notice Form (ABN) now alerting them they will be responsible for the amounts Medicare, or the Medicare replacement plans, deny for this reason. Your patient's secondary coverage may or may not cover this, so the patient should check with their insurer. We also ask on delivery of the ABN that they contact their congress people and urge them to pass the available legislation ending the Outpatient Medicare Therapy cap completely.

You can [download the ABN form from the Planetrehab website](#). We suggest the following answers to the questions on the ABN:

D: Outpatient Therapy Services

E: \$2010.00 cap on these services per year

F: Unknown, approved reimbursement dependent.

G: We suggest option 1 for the patient.

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