

January 2022

To our Medicare Patients:

Medicare previously had limits, also known as the therapy cap, which allowed a certain amount of outpatient therapy that Medicare covered annually. However, in 2019 the therapy cap was removed. What this means is:

If your total outpatient physical therapy costs reach a certain amount, Medicare requires your provider to confirm that your therapy is medically necessary. In 2022 Medicare covers up to:

- \$2,150 for PT and SLP combined before your provider is required to indicate that your care is medically necessary
- The \$2,150 would allow most of you 20-25 visits annually, depending on medical necessity and the nature of your treatment.

We will do everything we can to help track your year-to-date expenditures. If Medicare denies coverage because it finds that your care is not medically necessary, you can appeal. Once you have reached the limit Medicare will cover, you are responsible for 100% of the charges.

Please contact Medicare for benefit details. The phone number is listed on the back of your Medicare card. If you should have any further questions, please contact the front desk.

Sincerely,

Performance Physical Therapy