

Important News for DSR Clinic Medicare Beneficiaries

In December 2009, Congress continued the annual limit of outpatient physical, occupational and speech therapy benefits into 2010. From January 1, 2010 to December 31, 2010, the dollar amount was “capped” at \$1860 for physical therapy and speech language pathology combined, and another \$1840 for occupational Therapy services. They also temporarily postponed (until March 1, 2010) a pending 20% cut in payments to physical therapists. In addition, they failed to extend the exceptions process for services above the financial "cap" based on diagnosis, clinician evaluation, and judgment. Congressional action is needed both to avoid these cut in payments and to restore the exceptions process.

What does this mean for you as our patient?

Unfortunately the way the law was written, you are limited to a total of \$1860 of outpatient physical and speech therapy in 2010. After you have met your \$135 deductible for 2010, Medicare will only cover services for the remainder of amount, including their 80% (\$1380) and your 20% (\$345). Any services received beyond that level will be your responsibility entirely, as neither Medicare nor your secondary will reimburse those services.

What do I do now?

Dynamic Systems Rehabilitation has worked to develop a system of tracking exactly how many visits you can receive in this situation. Roughly the total number of visits including your deductible will be between 14-17 for the entire year! Once you are within 3-4 covered visits left, our office and/or your therapist will notify you accordingly so as to make the best informative decision possible with regard to further treatment.

The “cap” does not apply to hospital-based outpatient physical therapy...that’s the good news. So once you reach your “capped” benefits here, you can (if appropriate) continue treatment at a hospital outpatient clinic. Unfortunately, hospitals tend not to deliver the same specialized, highly personal physical therapy we offer at the DSR Clinic....that’s the bad news. As a generalization you would spend less time with a therapist per visit, work with therapists with less experience, and spend more time with ancillary support staff and on machines/modalities than you do here at the DSR Clinic.

Unless there is congressional action to change the current status, the exceptions process that allowed for coverage beyond the “cap” for those with chronic conditions no longer applies. Your therapist will work closely with you to plan your visits, determine how to continue care after your “cap” is exceeded, to include a fair cash rate for visits which you are responsible for 100% of the payment.

In the meantime, **please contact your congressmen** insisting that they remove the “cap”, avoid the fee cut, at a minimum restore the exceptions, and allow you to have the benefits you worked so hard to earn. Additional resources are available at www.apta.org/consumer/action

Please let us know what other concerns and questions you might have.

Thank you

The Providers at the DSR Clinic