

This two-page document is for patients who are Medicare beneficiaries.

Re: Patient Responsibility for prescriptions and Plan of Care with referring physicians.

As a Medicare patient, you are required to make sure that you stay within the guidelines imposed by Medicare. In order for your physical and hand therapy visits to be covered, Medicare has established a couple of rules. For **Physical Therapy** treatments, your Plan of Care (POC) must be signed by a Medical Doctor or Non-Physician Provider after the visit. For **Occupational/Hand Therapy** treatments, you must provide a referral from your doctor prior to receiving care.

During your first visit, the physical or hand therapist will create a treatment **Plan of Care**:

1. Requires your physician's signature to be certified.
2. Requires re-certifications upon expiration.
3. Is considered a prescription.
4. Is valid for a maximum of 90 days. (*many will be less than 90 days*)

If further treatment is necessary, your physical or hand therapist will submit a new Plan of Care to your physician of signature and re-certification.

Here are a few guidelines to keep in mind when scheduling your appointment:

1. When you schedule your therapy appointments, make sure they fall within your **Plan of Care date range**.
2. Talk with your therapist often about how long you will need to be in therapy.
3. Contact your doctor to ensure you have a **signed Plan of Care** so there will not be a break in treatment.

Please make sure you understand the federal rules and regulations for Medicare. Be proactive in keeping your **Plan of Care signed, certified and current**.

If you are seen in our office outside of your Plan of Care date range, you will be responsible for payment. We will extend our self-pay rate to any visit not covered by Medicare at \$90.00 per visit if Medicare denies our claim.

I _____ have read and understand the rules and regulations of Medicare. I understand that I am responsible for keeping proper documentation of prescriptions, a signed Plan of Care and for getting this information to the OSS Physical & Hand Therapy office.

Signed: _____

Date: _____



Medicare Rules & Regulations

Re: Medicare Limit on Physical & Hand Therapy Charges

Effective January 1ST, CMS (Center for Medicare/Medicaid Services) has implemented a \$2,110.00 annual cap on outpatient rehabilitation coverage per beneficiary for 2021.

When a beneficiary reaches a limit, he/she has several options:

1. Pay for the treatment out-of-pocket once Medicare denies the claims.
2. Continue treatment in the out-patient department of a hospital (hospitals are not under the same reimbursement limits as private clinics).
3. Discontinue treatment if functional goals have been met.

We expect this capitation to allow 20-25 visits starting on January 1, 2021 through December 31, 2021. Please contact CMS for an accurate number of visits remaining or used *at any time*.

Please forward any questions regarding this memo to the front office or discuss your treatment plans with your therapist.

Respectfully,

The Team at OSS Physical & Hand Therapy

I understand my options for continuing or ceasing physical or hand therapy.

Signed: _____

Date: _____