

2024 MEDICARE OUTPATIENT THERAPY THRESHOLD EXPLANATION

To all our Medicare patients,

Beginning January 1, 2024 there will be a **threshold** of **\$2330.00 per year** for Physical Therapy and Speech-language pathology together. A separate threshold of \$2330.00 per year is allowable for Occupational Therapy Services.

Medicare pays 80% of allowable charges. The patient is responsible for the annual deductible of **\$240.00** and the remaining 20% co-insurance. If you have a secondary insurance policy, they will be billed the remaining 20%.

Please keep in mind **not** all secondary policies will cover the 20% or additional visits after the threshold has been reached for 2024.

During your treatment at **Inner Dynamics Physical Therapy**, please check with the front desk to make sure you are not going over your therapy allowance.

There are certain diagnoses and conditions that allow for coverage beyond the threshold amount.

Your therapist will make that determination and advise you accordingly. If your diagnosis does not allow for coverage beyond the cap amount you will be given the option of continuing physical therapy at a self-pay rate of \$150.00 per visit.

For clarification on your secondary policy benefits, please contact your carrier or please feel free to contact our office regarding your benefits and financial obligations.

Ocean office - **732-508-9926** Toms River office - **732-506-3471**

Each beneficiary who uses therapy services will find the total dollar amount that was approved and paid toward the threshold on each Medicare Summary Notice sent to you by Medicare, that reports payment for therapy services. Beneficiaries: call 1-800-MEDICARE with questions.

Please sign and date this form that you have been informed of **Inner Dynamics Physical Therapy's** policy regarding the Medicare threshold for 2024.

Patient name: _____

Patient signature: _____

Date: _____

VERY IMPORTANT INFORMATION FOR **MEDICARE BENEFICIARIES**

Medicare will not pay for this course of outpatient physical therapy if you are also receiving the services of a Home Health Aide. If you currently have a Home Health Aide that is being paid for by Medicare, do not continue with this visit, as you will be responsible for full payment of the charges. Once you have been discharged from Home Health, you will be eligible for outpatient physical therapy services.

Also, you cannot receive more than one physical therapy treatment per day. If you are going somewhere else for physical therapy, even if it is for another diagnosis, you will be responsible for full payment.

Patient name: _____

Patient signature: _____

Date: _____