

**An important message for our Medicare patients
about the annual
Physical & Occupational Therapy Limits for 2010**

According to the Center for Medicare Services (CMS):

"For 2010, the annual limit on the allowed amount of outpatient physical therapy and speech-language pathology combined is \$1860 per calendar year; the limit for occupational therapy is \$1860 per calendar year. Limits apply to outpatient part B therapy services from all settings **except outpatient hospital and hospital emergency room**"... (CMS Pub 100-04, transmittal 1414 dated 1/17/08)

One of the many requirements for an off-campus facility to be considered a **provider-based entity** is the location test which states "the facility...is located with a 35 mile radius of the campus of the hospital...that is the main provider." (42 CFR section 413.65(e)(3))

We understand that this can be very confusing, so to clarify:

Kessler Rehabilitation Center locations that are within 35 miles of our West Orange campus are considered to be **provider-based**, **so the annual limit, or "cap," does not apply to therapy services provided at those locations.**

THIS MEANS ...

Medicare patients participating in physical therapy at other providers can **transfer** to a Kessler provider-based clinic once they reach their annual dollar limit.

AND EVEN BETTER ...

Patients who *start* their therapy at a Kessler provider-based clinic should have **no interruption** to their care.

FOR MORE INFORMATION, VISIT US AT www.kesslerrehabilitationcenter.com

TO SCHEDULE AN APPOINTMENT, PLEASE CALL 866.33.REHAB (866.337.3422)



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