



Therapy Limits for Medicare Members

Medicare has eliminated dollar limits on payment for medically necessary outpatient therapy services per year that includes:

- Physical therapy
- Occupational therapy
- Speech-language pathology therapy

However, additional information is required when therapy services reach certain amounts. Please see the table below for details.

Dollar limits reached	Requirements
<p>\$2,010 for PT and SLP services combined</p> <p>\$2,010 for OT services</p>	<ul style="list-style-type: none">• Therapist will add information to patient's medical record• Therapist will add a modifier KX to therapy claim that confirms:<ul style="list-style-type: none">– Therapy services are reasonable and necessary– Medical record includes information explaining why the services are medically necessary
<p>\$3,000 for PT and SLP services combined in 2018</p> <p>\$3,000 for OT services in 2018</p>	<p>The therapist or provider can contact HAP Midwest to request an organization determination prior to services being rendered to ensure that services will be approved as medically necessary. They can do this by:</p> <ul style="list-style-type: none">• Calling Customer Service at (888) 654-2200, option 2, then 1 <p>If the pre-service organization determination is denied and the member receives the services after receipt of the denial notice, the member may be responsible for payment of the denied services.</p>