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## **The Medicare Part B Outpatient Therapy Caps**

Occupational therapy is a distinct Medicare benefit, but a cap currently exists on how much therapy a beneficiary can receive each year. Historically, the one-year cap exceptions process is included in the same legislation that provides a short-term fix for physician payments under Medicare. Unless Congress takes action, the current therapy cap exceptions process will once again expire on December 31, 2013.

**AOTA urges Congressional support to pass the Medicare Access to Rehabilitation Services Act (S. 367/H.R. 713) which seeks to repeal the therapy caps implemented by the Balanced Budget Act of 1997.**

Furthermore, it is imperative that any legislation that reforms Medicare Physician payments, such as the bill recently considered by the House Energy and Commerce Committee, also include a fix to the therapy cap

### **AOTA Position:**

AOTA fully supports repeal of the Medicare Part B Outpatient Therapy Caps, which place arbitrary limits on access to medically necessary rehabilitation services for all Medicare patients seeking outpatient services. The financial restriction of the therapy cap for 2013 is set at \$1900 for occupational therapy services and a separate therapy cap of \$1900 for physical therapy and speech-language-pathology services combined. This policy puts the government squarely between the patient and the health care provider.

It is critical that Congress continues to focus on the problem of the cap to ensure Medicare beneficiaries get the proper care, for the appropriate duration of time, within the correct timeframe, throughout the disease or recovery process in order for patients to maximize their function to be as independent and productive as possible.

AOTA and other organizations such as the American Physical Therapy Association, the American Speech-Language-Hearing Association, and the Consortium for Citizens with Disabilities are working with Congress to identify other cost and utilization containment strategies other than arbitrary caps on Medicare coverage, which negatively affects those who need the most care.

The caps affect patients in Part B settings including skilled nursing facilities, rehabilitation agencies, hospitals, and clinics. Since 1997, the caps have only been imposed for a few months because Congress passed moratoriums or exceptions avoiding the full impact of the caps in nearly a dozen bills over the past twelve years. During the “fiscal cliff” debates at the end of 2012, Congress extended the Medicare Outpatient Therapy Caps through 2013.

**Please cosponsor the Medicare Access to Rehabilitation Services Act (S. 367/H.R. 713) today and work to ensure access to rehabilitation services for Medicare beneficiaries to enable them to live life to its fullest.**