Marianjoy
Wheaton Franciscan Healthcare

Information about the
Medicare Therapy Cap

What is the Medicare Therapy Cap?

There is a law that requires medical reviews on outpatient therapy for Medicare patients. This cap limits the amount of services that a patient can receive to $1,920 for PT & SLP combined, and $1,920 for OT services.

What if I need more therapy?

Medicare does recognize that many patients can benefit from additional therapy. Marianjoy's Patient Financial Services department is responsible for administering this process. The use of this exemption is only for medically necessary services where the skill of a therapist is required. It is also subject to Medicare's clinical review and possible denial.

I've heard about a $3,700 medical threshold, what is this?

Medicare will also deny any further payment for therapy services over $3700 for PT & SLP combined and $3700 for OT. Marianjoy, on your behalf, will then need to provide documentation to Medicare to support that services are still medically necessary and require the skill of a therapist. This approval is a manual medical review. Medicare may deny services at any time which they determine to not be medically necessary.

Am I potentially responsible for any costs?

Yes, like any services we provide to our patients, we can never guarantee coverage. If you have a secondary or supplemental insurance, payment for services not covered by Medicare is extremely varied. We recommend that you contact your insurance carrier directly to determine coverage.

How does Marianjoy help?

Our therapists and health care team work very hard to ensure that we treat ethically and responsibly and develop the most cost effective treatment plan. Marianjoy's Patient Financial Services Department is also available if you have further questions.

Who can I call if I have more questions?

Marianjoy Patient Financial Services   630-909-7370
Center for Medicare Services Beneficiary Information   800-633-4227