



California Rehabilitation and Sports Therapy Memo

A TEAM OF PROFESSIONALS DEDICATED TO OPTIMIZING HUMAN PERFORMANCE IN WORK, SPORT AND DAILY LIFE

To: Medicare Patients

Re: Appointment Scheduling

Date: April 29, 2010

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ADULT & PEDIATRIC
PHYSICAL THERAPY

COMPLICATED SPINE &
EXTREMITY THERAPY

HAND REHABILITATION

MYOFASCIAL PAIN DISORDERS

OCCUPATIONAL THERAPY

ORTHOPAEDICS

SPINE REHABILITATION

SPORTS MEDICINE

TMJ/HEADACHES

Due to Medicare guidelines, our ability to schedule your appointments is restricted. Therapists can only have one Medicare patient on their schedule per hour.

Consequently, we may not be able to accommodate certain appointment time requests. We thank you in advance for working with us on this matter.

We appreciate your patience and understanding and are grateful for the opportunity to work with you.

Thank you for allowing us to assist in your care.

California Rehabilitation and Sports Therapy



Member of the Physical
Rehabilitation Network



A TEAM OF PROFESSIONALS DEDICATED TO OPTIMIZING HUMAN PERFORMANCE IN WORK, SPORT AND DAILY LIFE

TO: Medicare Patients

RE: Medicare Changes

Dear Patient:

This letter is to inform you of a change that has occurred in Medicare outpatient rehabilitation service coverage. Medicare has notified us that effective January 1, 2014 there is a \$1,920 cap per beneficiary (patient) per calendar year. Please understand that Medicare regulates these changes which affect all therapy providers.

This \$1,920 limit applies to physical therapy and speech language services with a separate \$1,920 limit on occupational therapy services. Our recommendation is that you assume that you have a "bank account" of 20-22 visits that you can use per calendar year (January-December).

Medicare has provided an exception process in cases of medical necessity. Please ask your therapist if you qualify for an exception if you anticipate exceeding the therapy cap.

Please be aware that if services continue past the \$1,920 cap amount and you do not qualify for an exception, that you, the patient, becomes responsible for payment. ***This is why it is critical that you notify us if you have seen a physical, occupational or speech therapist prior to your visit with us.***

Our goal is to provide you with the care and education you need to obtain your greatest functional outcome. Your therapist will work with you to develop a plan to best utilize your visits.

I HAVE READ AND UNDERSTAND THE MEDICARE CHANGES. I UNDERSTAND THAT I HAVE FINANCIAL RESPONSIBILITY FOR MEDICARE CO-PAYMENTS, \$147 ANNUAL DEDUCTIBLE, AND ALL CHARGES EXCEEDING THE \$1,920 CAP LIMIT.

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SIGNED

PLEASE PRINT NAME

DATE



Notifier(s):

Patient Name:

Identification Number:

ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN)

NOTE: If Medicare doesn't pay for service(s) below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the service(s) below.

	Reason Medicare May Not Pay:	Estimated Cost:
SERVICE(S)	a) Medicare may not pay for PT and Speech-Language Pathology services over the \$1,960 Beneficiary cap for 2016.	\$75.00
	b) Medicare may not pay for OT services over the \$1,960 Beneficiary cap for 2016.	\$75.00
DME/Supplies	c) Durable Medical Equipment (DME) and supplies are not covered benefits.	\$

WHAT YOU NEED TO DO KNOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the service(s) listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

OPTION 1. I want the service(s) listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

OPTION 2. I want the service(s) listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

OPTION 3. I don't want the service(s) listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

Signature:

Date:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

OPTIMAL INSTRUMENT

Difficulty-Baseline

Instructions: Please circle the level of difficulty you have for each activity today.	Able to do without any difficulty	Able to do with little difficulty	Able to do with moderate difficulty	Able to do with much difficulty	Unable to do	Not applicable
1. Lying flat	1	2	3	4	5	9
2. Rolling over	1	2	3	4	5	9
3. Moving-lying to sitting	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9
5. Squatting	1	2	3	4	5	9
6. Bending/stooping	1	2	3	4	5	9
7. Balancing	1	2	3	4	5	9
8. Kneeling	1	2	3	4	5	9
9. Standing	1	2	3	4	5	9
10. Walking-short distance	1	2	3	4	5	9
11. Walking-long distance	1	2	3	4	5	9
12. Walking-outdoors	1	2	3	4	5	9
13. Climbing stairs	1	2	3	4	5	9
14. Hopping	1	2	3	4	5	9
15. Jumping	1	2	3	4	5	9
16. Running	1	2	3	4	5	9
17. Pushing	1	2	3	4	5	9
18. Pulling	1	2	3	4	5	9
19. Reaching	1	2	3	4	5	9
20. Grasping	1	2	3	4	5	9
21. Lifting	1	2	3	4	5	9
22. Carrying	1	2	3	4	5	9

23. From the above list, choose the 3 activities you would most like to be able to do without any difficulty (for example, if you would most like to be able to *climb stairs*, *kneel*, and *hop* without any difficulty, you would choose: 1. 13 2. 8 3. 14)

1. ____ 2. ____ 3. ____

24. From the above list of three activities, choose the primary activity you would most like to be able to do without any difficulty (for example, if you would most like to be able to *climb stairs* without any difficulty, you would choose: Primary goal. 13)

Primary goal. ____



American Physical Therapy Association

OPTIMAL INSTRUMENT Difficulty-Follow-Up

Three (3) activities you would most like to be able to do without any difficulty (identified at baseline assessment):

1.____ 2.____ 3.____

Primary activity you would most like to be able to do without any difficulty (identified at baseline assessment):

Primary goal. ____

Instructions: Please circle the level of difficulty you have for each activity today.	Able to do without any difficulty	Able to do with little difficulty	Able to do with moderate difficulty	Able to do with much difficulty	Unable to do	Not applicable
1. Lying flat	1	2	3	4	5	9
2. Rolling over	1	2	3	4	5	9
3. Moving-lying to sitting	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9
5. Squatting	1	2	3	4	5	9
6. Bending/stooping	1	2	3	4	5	9
7. Balancing	1	2	3	4	5	9
8. Kneeling	1	2	3	4	5	9
9. Standing	1	2	3	4	5	9
10. Walking-short distance	1	2	3	4	5	9
11. Walking-long distance	1	2	3	4	5	9
12. Walking-outdoors	1	2	3	4	5	9
13. Climbing stairs	1	2	3	4	5	9
14. Hopping	1	2	3	4	5	9
15. Jumping	1	2	3	4	5	9
16. Running	1	2	3	4	5	9
17. Pushing	1	2	3	4	5	9
18. Pulling	1	2	3	4	5	9
19. Reaching	1	2	3	4	5	9
20. Grasping	1	2	3	4	5	9
21. Lifting	1	2	3	4	5	9
22. Carrying	1	2	3	4	5	9

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