

Eli's Rehab Report

News You Can Use: Congress Imposes 2-Year Moratorium on Therapy Cap

\$1,590 cap no longer applies to therapy claims

Good news for rehab providers: CMS' dreaded outpatient therapy caps will affect only three months' worth of last year's claims, thanks to a new two-year moratorium effective on Dec. 8, 2003.

The moratorium, which Congress enacted on Dec. 8 as part of the Medicare Prescription Drug and Improvement Act of 2003, means that carriers can no longer limit you to the paltry \$1,590 annual limit that it paid for outpatient therapy claims.

Submit the Claim Now, Ignore the Cap

The moratorium applies to claims that carriers receive on or after Dec. 8, 2003, through Dec. 31, 2005. "The moratorium is effective as of Dec. 8 and is not retroactive, so some practices may have been caught in 2003," says **Judith Thomas, MGA**, director of the reimbursement and regulatory policy department at the American Occupational Therapy Association.

This means that if your carrier already processed your outpatient therapy claim for dates of service Sept. 1, 2003, through Dec. 7, 2003, those claims were subject to the therapy cap and you cannot reprocess them.

The good news is that the caps won't apply to claims that your carrier receives on or after Dec. 8, regardless of the dates that you rendered the services. If, therefore, you provided therapy in October but submitted the claim after Dec. 8, your carrier will process the claim as if the therapy cap didn't exist.

Keep Appending Those Therapy Modifiers

But don't stop reporting your therapy modifiers just yet. Most carriers still require that you append the following modifiers to codes representing outpatient rehabilitation services:

- 1. Modifier -GN Services delivered under an outpatient speech language pathology plan of care
- 2. Modifier -GO Services delivered under an outpatient occupational therapy plan of care
- 3. Modifier -GP Services delivered under an outpatient physical therapy plan of care.