

Medicare Outpatient Therapy Cap

Action: Tell Congress to support H.R. 1546/S. 829, the Medicare Access to Rehabilitation Services Act of 2011. Passage of this bill would ensure Medicare patients continue to have access to medically necessary speech-language pathology, occupational therapy, and physical therapy services.

Background

On February 22, 2012, the President signed into law the Middle Class Tax Relief and Job Creation Act of 2012. The law extends the therapy cap exceptions process and Medicare fee schedule through the end of the year. While this action offers short-term relief to many patients in need of therapy services, a permanent solution is needed. The Medicare Access to Rehabilitation Services Act of 2011, H.R. 1546/S. 829, offers such an option. This bipartisan bill would repeal the annual cap on therapy services and remove the uncertainty of care for both therapy providers and recipients to ensure high-quality, ongoing treatment. This bill has over 135 cosponsors in the House of Representatives and 18 in the Senate.

It is clear that the cap achieves no real cost savings and only serves to deny care to the most critical need patients. Rather than creating alternatives or implementing moratoriums on a year-to-year basis, Congress should repeal the cap outright.

ASHA has been working closely with the American Physical Therapy Association and the American Occupational Therapy Association in the development of alternatives to the therapy cap, as well as Congress to develop an appropriate pathway to care for Medicare beneficiaries. This alternative allows the development of service-based codes for physical and occupational therapy to more accurately reflect the work of the professionals. Currently, both physical and occupational therapy procedure codes are based on 15-minute increments. The proposal would move PT and OT to daily codes.

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