



McCARTHY'S INTERACTIVE PHYSICAL THERAPY

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Will Medicare Cover These Services?

MIPT offers many types of Medicare-covered and non-Medicare-covered services. Medicare does not pay for all health care costs. When Medicare is the primary medical insurance and when Medicare's requirements are met (please see below), MIPT is able to bill Medicare for those physical therapy services deemed Medicare benefits. Medicare pays 80% of the allowable rate for these services. The remaining 20% not covered by Medicare is the responsibility of each individual patient or his or her guarantor. Some secondary insurance companies have arrangements with Medicare to be automatically billed through Medicare for this remaining 20%; this arrangement is called "automatic crossover." With secondary insurance companies where "automatic crossover" is not available, Medicare deems that the remaining 20% is the patient's responsibility, and MIPT will bill the patient or their guarantor this amount. Patients or their guarantors are encouraged to check with their secondary insurance health plans regarding specific reimbursement questions.

The patient or the guarantor is responsible for payment of all physical therapy services and fees if/when Medicare's requirements cannot be met and/or in the following situations:

- 1) Medicare requires that the patient be under the care of a physician who will determine that physical therapy services are deemed "reasonable and necessary" under SSA Section 1862 (a) (1) and that the physical therapy treatment plan meets the standards for "certification or re-certification of need."
- 2) Medicare will not pay for MIPT services when a home health agency is concurrently providing care and/or when an HMO is the primary insurance provider, and/or during periods of managed care enrollment in Medicare + Choice Organizations (M+CO).
- 3) Medicare will not pay for services and fees that are excluded by statute as "not covered." Examples of such services and fees, identified in the fee schedule for MIPT, are: special phone conferences, travel time, special reports/letters, late cancellations, and late payment fees. Additionally, home exercise equipment, considered a comfort item by Medicare, is not covered by Medicare, and if provided by MIPT will be added to the invoice and considered the responsibility of the patient or guarantor.
- 4) Medicare may not fully reimburse for physical therapy services when the patient's mailing address as listed with Medicare is different from the location where physical therapy services are provided. For instance, some patients are convalescing in San Francisco or have recently moved to San Francisco but Medicare lists their home address as being in New York.

NOTE: To avoid this situation, please update the patient address information by contacting the local Social Security Office (800) 772-1213.