

Eli's Rehab Report

Part B Questions & Answers

The following Q&As have been provided by **Rick Gawenda, PT**, president of Gawenda Seminars & Consulting Inc.

Question: What is the Medicare Part B deductible for 2012?

Answer: The Medicare Part B deductible for 2012 is \$140.00. This is a decrease of \$22.00 from 2011. To read more about the 2012 Part A and Part B premiums and deductibles, go to http://www.cms.gov/apps/media/fact_sheets.asp. The fact sheet was released on October 27, 2011.

Question: What is the therapy cap dollar amount for outpatient therapy services in 2012?

Answer: On November 1, 2011, the Centers for Medicare and Medicaid Services (CMS) released the final rule for services reimbursed under the Medicare Physician Fee Schedule. In that final rule, CMS announced the therapy cap dollar amount would be \$1880.00 for physical therapy and speech-language pathology services combined and a separate \$1880.00 for occupational therapy services. The \$1880.00 is based on the Medicare allowed amount, not what you charge or what you are reimbursed by CMS.

Question: What is the revalidation of Medicare enrollment?

Answer: As a result of the Affordable Care Act, all suppliers and providers who enrolled in the Medicare program prior to March 25, 2011 must revalidate their enrollment information under new enrollment screening criteria. Suppliers and providers who submitted their enrollment application to the Centers for Medicare and Medicaid Services after March 25, 2011 are generally not impacted and are not required to revalidate their enrollment information.

Between now and March 23, 2015, Medicare Administrative Contractors (MAC's), Medicare carriers, and Medicare fiscal intermediaries (FI) will send out notices on a regular basis to begin the revalidation process for each provider and supplier. Providers and suppliers must wait to submit the revalidation only after being asked by their MAC, Medicare carrier, or Medicare FI to do so. Suppliers, who are considered physician and non-physician practitioner groups, will be able to revalidate their enrollment information free of charge.

Providers, who are considered hospitals, skilled nursing facilities, rehabilitation agencies, comprehensive outpatient rehabilitation facilities, and home health agencies, will be charged a fee to revalidate their provider information. In 2011, that fee is \$505.00. The fee for 2012 will be released early in 2012. For more information on the revalidation of Medicare enrollment, go to http://www.cms.gov/MedicareProviderSupEnroll/11_Revalidations.asp