

A. Notifier: Body Temple Physical Therapy, Inc. - 403 49th St #B, Oakland, CA 94609 - (510)708-8703

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for **D. Evaluation/Treatment** 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 **D. Evaluation/Treatment** below.

D. Evaluation/Treatment	E. Reason Medicare May Not Pay:	F. Estimated Cost
Evaluation and Regular Treatment Sessions incorporate some or all the following: Therapeutic Exercises, Joint and Tissue Mobilization, Neuromuscular Reeducation, Yoga, Pilates, Acupressure, Personal Training, Fitness, and Health Education and Wellness	Body Temple PT is not Traditional Physical Therapy and treatments include services which are not covered by Medicare. Additionally, treatments may not be considered "Medically Necessary" because they may treat the whole body and not a specific illness, injury, condition, or disease.	Evaluation: \$366 Regular Treatment Session: 55min: \$213

WHAT YOU NEED TO DO NOW:

- 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 **D. Evaluation/Treatment** 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.

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

- OPTION 1.** I want the **D. Evaluation/Treatment** 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 **D. Evaluation/Treatment** 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 **D. Evaluation/Treatment** listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information: Please see the attached Medicare Supplemental Form.

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.

I. Signature:

J. 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.



MEDICARE SUPPLEMENTAL FORM

MEDICARE REIMBURSEMENT FOR PHYSICAL THERAPY 2024

Beneficiaries receiving ANY type of home health services are ineligible for outpatient physical therapy.

- Are you currently receiving ANY home health services? Please circle: Yes or No
- Have you received ANY home health services (nursing, therapy, etc.) in the past year? Please circle: Yes or No
- Have you received ANY speech-language pathology services in the past year?
Please circle: Yes or No

If Yes, indicate date the services ended and the total hours received:

_____ (date) _____ (total hours)

Medicare has placed a financial limitation on the amount of therapy an individual can receive in 2024. This dollar amount is \$2,330 for physical therapy and speech language pathology combined and \$2,330 for occupational therapy for dates of service from January 1, 2024 through December 31, 2024. The cap excludes services provided at hospitals. The cap is based on the Medicare allowed fees. Based on our typical visit patterns, you may reach the cap after about 6 visits.

If you get close to reaching the cap we will review the available options with you. Medicare has defined automatic and manual exceptions. We will inform you if you appear to be eligible for an exception and will institute the appropriate steps with Medicare. We believe that continuity of care is critical to reaching maximum function and returning you to an active lifestyle. Therefore, we have developed special programs to assist our patients that have reached the cap and are continuing treatment. We will keep you informed about your options.