

Verifying Insurance Benefits



We have created this Insurance Verification of Benefits Guide to assist you in asking your insurance carrier the “right questions” to better understand your out-of-network coverage. Pediatric Occupational Therapy Services, LLC (POTS) is committed to providing the highest caliber of care while supporting families in optimizing insurance benefits and realizing alternative funding solutions. Please be advised that POTS is a concierge therapeutic provider and each patient’s benefit coverage is not a guarantee of payment. Ultimately, all patients retain financial responsibility for the services rendered at POTS. If POTS does not receive payment from your out-of-network insurance carrier within 90 days of your visit, you will be held responsible for the fees in full, at the insurance rate, and they will be charged to the credit card on file. Should insurance payment be received at a later date, it will be credited to your account at POTS.

Important Information to Keep In Mind: A verification of benefits is a way to explore whether the services you seek will result in payment from the insurance company. We recommend verifying your out-of-network coverage to understand your coverage options. Verification of benefits is not a guarantee of coverage or payment. It is important to understand that many insurance representatives can make mistakes. It is beneficial to get their name and contact information every time you call. The phone calls are recorded, and reference numbers for the verification of benefits are extremely helpful. One of the most important things to keep in mind is that just because a policy claims to have an Occupational Therapy, Physical Therapy, or Speech Therapy benefit it does not mean that the service is automatically covered. Please utilize the questions below to get a thorough understanding of your policy coverage. **As a reminder, POTS is not contracted with your insurance company and is not an in-network provider.**

Insurance Information Needed Prior To You Making Your Insurance Verification Call:

Patient Name: _____ D.O.B. _____
Primary Insurance Carrier _____ Ph# _____
Name of Insured _____ D.O.B. _____
SS# _____ Insurance ID# _____ Group# _____

What To Say When Calling Insurance:

I am calling to verify **out-of-network benefits** coverage for my child: _____ for **Occupational, Physical, or Speech Therapy** in an **“office setting”**, utilizing the following codes:

Procedure Codes May Include Any of the Following:

The bold codes, are the ones we use most frequently

Occupational Therapy Codes:

- **97165, 97166, 97167** (Occupational Therapy Evaluation)
- **97168** (Occupational Therapy Re-Evaluation)
- **97112** (Neuromuscular Re-Education)
- **97110** (Therapeutic Exercises)
- **97535** (Activities of Daily Living – used for some therapy & parent coaching)
- **97530** (Therapeutic Activities)
- 99441 (Clinical Collaboration)
- **92526** (Oral functional therapy – feeding or oral motor therapy)
- 97533 Sensory integrative techniques (only accepted by UHC, at times)
- **96112** Developmental test administration (first hour)
- **96113** Developmental test administration (each additional 30 minutes)
- **97113** Aquatic Exercises (OT in the water)
- 97760 (Orthotics management and training)
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Physical Therapy Codes:

- **97611; 97162; 97163** (Physical Therapy Evaluation)
- **97164** (Physical Therapy Re-Evaluation)
- **97110** (Therapeutic Exercises)
- **97112** (Therapeutic Activities)
- **97530** (Neuromuscular Re-education)
- **97116** (Gait training)
- 97760 (Orthotics management and training)
- 99441 (Clinical Collaboration)

Speech Therapy Codes:

- **92523** (Speech Therapy Evaluation)
- **92507** (Speech Therapy Treatment)

- **92610** (Evaluation of Oral & Pharyngeal Swallowing)
- 92508 (Group Speech Therapy)
- **97535** (Self-Care/ADL-Parent consult/coaching)
- 99441 (Clinical Collaboration)
- **92526** (Oral functional therapy-Feeding or oral motor therapy)
- **97129** (Cognitive therapy)
- **96112** Developmental test administration (first hour)
- **96113** Developmental test administration (each additional 30 minutes)

Questions:

1. Who am I speaking with? _____ Date & Time _____
2. What is the effective date of my policy? _____
3. Is the policy based on a “calendar year” benefit or “policy year” benefit? _____
4. What coverage options does my policy include:
 - Physical Therapy (Out-Of-Network Coverage) Yes No
 - Occupational Therapy (Out-Of-Network Coverage) Yes No
 - Speech Therapy (Out-Of-Network Coverage) Yes No
 - Is **Feeding Therapy** covered for occupational therapy, speech therapy, or both? Yes No
5. Are my therapy coverage benefits subject to a deductible? A deductible is the amount you pay for healthcare coverage before your plan begins to pay.
 - **Occupational Therapy (Out-Of-Network Coverage)** Yes No
 If yes, what is the Out-Of-Network Deductible? Indv. _____ Family _____
 How much of my Out-Of-Network Deductible has been satisfied as of _____?
 Indv. _____ Family _____
 - **Physical Therapy (Out-Of-Network Coverage)** Yes No
 If yes, what is the Out-Of-Network Deductible? Indv. _____ Family _____
 How much of my Out-Of-Network Deductible has been satisfied as of _____?
 Indv. _____ Family _____
 - **Speech Therapy (Out-Of-Network Coverage)** Yes No
 If yes, what is the Out-Of-Network Deductible? Indv. _____ Family _____
 How much of my Out-Of-Network Deductible has been satisfied as of _____?
 Indv. _____ Family _____

6. What is my out-of-pocket max?

- **Out-Of-Network Out-Of-Pocket Max:** Indv. _____ Family _____
How much has been satisfied as of _____? Indv. _____ Family _____

7. Is Pre-Authorization required for any of the codes that I presented? Pre-authorization is the process by which the insurance company authorizes coverage of prescribed services before the services are rendered.

Occupational Therapy Codes:

- **97165** (Occupational Therapy Evaluation) Yes No
- **97166** (Occupational Therapy Evaluation) Yes No
- **97167** (Occupational Therapy Evaluation) Yes No
- **97168** (Occupational Therapy Re-Evaluation) Yes No
- **97112** (Neuromuscular Re-education) Yes No
- **97110** (Therapeutic Exercises) Yes No
- **97535** (Activities Of Daily Living - Therapy & Parent Coaching) Yes No
- **97530** (Therapeutic Activities) Yes No
- 99441 (Clinical Collaboration) Yes No
- **92526** (Oral functional therapy - feeding or oral motor therapy) Yes No
- 97533 Sensory integrative techniques (only accepted by UHC, at times) Yes No
- **96112:** Developmental test administration (first hour) Yes No
- **96113** Developmental test administration (each additional 30 minutes) Yes No
- **97113** Aquatic Exercises (OT in the water) Yes No
- 97760 (Orthotics management and training) Yes No

Physical Therapy Codes:

- **97161** (Physical Therapy Evaluation) Yes No
- **97162** (Physical Therapy Evaluation) Yes No
- **97163** (Physical Therapy Evaluation) Yes No
- **97164** (Physical Therapy Re-Evaluation) Yes No
- **97110** (Therapeutic Exercises) Yes No
- **97112** (Therapeutic Activities) Yes No
- **97530** (Neuromuscular Re-education) Yes No
- **97116** (Gait training) Yes No
- 97760 (Orthotics management and training) Yes No
- 99441 (Clinical Collaboration) Yes No

Speech Therapy Codes:

- **92523** (Speech Therapy Evaluation) Yes No
- **92507** (Speech Therapy Treatment) Yes No
- **92610** (Evaluation of Oral & Pharyngeal Swallowing) Yes No
- 92508 (Group Speech Therapy) Yes No
- **97535** (Self-Care/ADL-Parent consult/Coaching) Yes No
- 99441 (Clinical Collaboration) Yes No
- **92526** (Oral functional therapy - Feeding or oral motor therapy) Yes No
- **97129** (Cognitive therapy) Yes No
- **96112** Developmental test administration (first hour) Yes No
- **96113** Developmental test administration (each additional 30 minutes) Yes No

8. Do Occupational Therapy visits going towards the out-of-network deductible count towards treatment max? Yes No

9. Do Physical Therapy visits going towards the out-of-network deductible count towards treatment max? Yes No

10. Do Speech Therapy visits going towards the out-of-network deductible count towards treatment max? Yes No

11. Are Occupational, Physical, and Speech Therapy visits reimbursed if they occur on the same day? (Please be advised that some insurance companies do not cover more than one discipline in a single calendar day) Yes No

12. Once the deductible is met, what percentage of the cost of the services is covered by my insurance plan?

• **Out-Of-Network Coverage:** 50% coverage____ 60% coverage____ 70% coverage____
80% coverage____ Other____

• **What percentage is my co-insurance:** 20% coverage____ 30% coverage____
40% coverage____ 50% coverage____ Other____

13. If the therapy benefit is subject to a “co-pay” instead of “co-insurance” for Occupational, Physical, or Speech Therapy coverage, please provide co-pay information:

Occupational Therapy Co-pay: _____

Physical Therapy Co-pay: _____

Speech Therapy Co-pay: _____

14. Are the Occupational Therapy, Physical Therapy and Speech Therapy benefits a “shared benefit” (example a total of 12 visits between OT, PT and speech therapy services)?

Yes No Notes: _____

Which benefits are shared **OT, PT, Speech therapy** (circle shared benefits)

15. What is the treatment max for Out-Of-Network Coverage?

Occupational Therapy Treatment Max: _____ Visits Utilized* YTD _____

Physical Therapy Treatment Max: _____ Visits Utilized YTD _____

Speech Therapy Treatment Max: _____ Visits Utilized YTD _____

(*Year to date)

16. Can more visits be approved?

- **Occupational Therapy** Yes No

If yes, how do we get more visits: _____

- **Physical Therapy** Yes No

If yes, how do we get more visits: _____

- **Speech Therapy** Yes No

If yes, how do we get more visits: _____

17. Is a doctor’s prescription, required for?

- **Occupational Therapy** Yes No

- **Physical Therapy** Yes No

- **Speech Therapy** Yes No

18. Are there pre-existing conditions that are not covered for a Occupational, Physical, or Speech Therapy benefit? Yes No If yes, please explain: _____

19. Are there any exclusions listed on the “Evidence of Coverage” section of my plan for Occupational, Physical, or Speech Therapy? Yes No. If yes, please provide exclusions: _____

20. Where should claims be submitted?

Attn: _____ Address: _____

City: _____ State: _____ Zip: _____

Notes: _____

Verification Benefits Log

POTS Information

Pediatric Occupational Therapy Services LLC

Organization NPI: 1851900435

EIN/Tax ID: 223671737

