

INSURANCE VERIFICATION OF BENEFITS SUGGESTED QUESTIONS TO ASK...

Your Insurance company may reimburse for Occupational or Physical Therapy but you will need to find out your specific plan details. **Always** make a note of the time and date you called your insurance company, the person you spoke with, and the questions asked and answers given!

When you call be ready to present the following – 1) The Name of Insured; 2) Insured’s place of Employment; 3) Insurance Group Number; 4) Insured’s ID number (usually his/her SS#); and 5) Name of person requiring therapy, their relationship to the Insured, and their referring doctor and diagnosis. Preview the questions below and then **write** in the answers!

INFORMATION TO GIVE AND QUESTIONS TO ASK:

- A) I’m calling to verify benefits for outpatient therapy services for _____ (Patient’s Name and relationship to Insured). I have a prescription from Dr. _____ with the diagnosis of _____.
- B) I am seeking Occupational or Physical Therapy services from a private outpatient center that is not part of a hospital. Am I covered if they are a non-participating provider or an out-of-network provider?
NO Can I submit my therapy receipts for reimbursement? _____
YES Are there any special forms that need to be completed? _____
- C) What is my deductible and/ or co-pay? _____
- D) Does my policy limit the number of visits per year? **NO YES** (list #) _____
- E) Does my policy have a cap on the amount of money paid out per year? **NO YES** \$ _____
- F) What services are covered or **is any specific service excluded?** _____
- G) CPT evaluation codes used may include 97003, 95851, 97750, 95831, 96110, and 96115. CPT treatment codes are 97110, 97112, 97124, 97139, 97265, 97530, 97532, 97533, 97535, 97799, and 99499. Are any of those codes excluded in coverage? **NO YES** _____ Are there limits of use on any of those codes? **NO YES** _____
- H) Do I need Pre-authorization or Pre-certification? **NO YES** _____
- I) Is RE-certification needed? **NO YES** After how many treatment sessions? _____
- J) Are there any exclusions to my policy: Is treatment limited to a new illness or injury, does it cover my diagnosis, will it cover therapy if it is not administered in a hospital affiliated center, do I need to be receiving Physical Therapy for OT to be covered? _____
- K) What are the billing instructions? _____ What information do I need to submit? _____ Do you accept the HCFA 1500 Form? **YES NO**
- L) Where do I submit it? (Complete Billing Address) _____

- M) Is there a contact person I can call if I have any follow up questions about my case?

(NAME) (TELEPHONE # EXTENSION#)

*In Michigan, Medicaid, Children’s Special Health Care, etc. will not cover private therapy outside of a hospital-based clinic. Medicare specifically excludes hippotherapy coverage. If your only insurance is Medicaid or Medicare, you do not need to complete this form.