

# Key Information About Your **Insurance Benefits** for **Outpatient Therapy**

Knowing your insurance plan benefits can help you make a care plan that is right for you. Contact your insurance plan to check your benefits. If you are concerned about the costs of services, please ask us if you qualify for our Self Pay by Choice program.

## How we bill your insurance

We will send you a statement that explains what services we provided and what your insurance paid for. You must pay for services that your insurance does not cover.

- › Note the name of who you spoke to and the reference number for your call.
- › Tell your insurance plan that you are getting care from a **therapy clinic that uses professional-based billing**. This is a type of billing. We use it to get payment from insurance plans.

The information they tell you is only a quote of what they cover. It is **not** a guarantee that they will pay for the services you talk about or that we provide.

## When you call your insurance plan

- › Give your insurance company the office information below. This will help make sure that they give you an accurate quote for services:
  - **National provider identifier (NPI): 1346235314**
  - **Tax ID: 363097297**

## Insurance terms to know

**Out-of-pocket costs:** If you pay for a service that your insurance covers, it is an **out-of-pocket cost**. Your insurance plan may have a limit on how much you have to pay out of pocket (called an out-of-pocket maximum) before they will pay for all covered services.

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Deductibles, co-pays and co-insurance count toward your out-of-pocket maximum.

**Deductible:** A deductible is the amount you pay for all covered services before your insurance pays. For example, if your deductible is \$2,500, you need to pay \$2,500 before your insurance will pay for services.

**Visits or dollar limit per year:** Some insurance plans may only cover a certain number of visits or dollars per year. Some insurance plans count visits as each therapy service. Others count multiple services as 1 visit if you get them on the same day.

**Co-pay:** A co-payment is a set amount that you pay for a visit **after** you meet your deductible. For example, if the cost of your visit is \$100 and your co-pay is \$20, you must pay \$100 if you have not met your deductible. If you have already met it, you must pay your co-pay, which is \$20 in this example.

Some insurance plans charge a copay for each therapy service. Others charge a copay per day if you get multiple therapies on the same day. **If your insurance plan requires a copay, you must pay it at your visit.**

**Co-insurance:** Co-insurance is a set percentage of costs that you pay for covered services after you meet your deductible. For example, if your co-insurance is 20% and your visit costs \$100, you must pay \$20 (which is 20% of \$100) if you have already met your deductible. If you have not met your deductible, you must pay the cost of the visit, which is \$100 in this example.

**Prior authorization:** Your insurance plan may require prior authorization before they will cover services. This is a process where we must get approval from your insurance plan before we can perform a treatment, procedure or medication.

## Questions to ask your insurance plan

- › Does my deductible apply to therapy services? If so, what is my deductible and how much of it has already been met?
- › Does my plan have a co-pay for each visit? Is there a co-pay per visit or per day if I get multiple therapies (for example, physical therapy and occupational therapy) on the same day?
- › Does a co-insurance apply for therapy? What percentage of charges is it?
- › What is my plan's out-of-pocket maximum? Does that include co-pays and co-insurance?
- › Does my plan limit how many therapy visits they will cover? If I get multiple therapies (for example, physical therapy and occupational therapy) on the same day, does this count as 1 visit?
- › Do I have a dollar limit for therapy?
- › Is pre-authorization required for therapy services?
- › Can you check these CPT codes to see if my plan covers them?

## CPT codes for common therapy services

Each therapy service has an associated CPT billing code. We use the codes to tell insurance plans what services we provided to you. CPT stands for Current Procedural Terminology.

Please contact your insurance plan to learn more about their coverage of the codes below. We try to check your benefits with your insurance plan. Please ask Front Desk staff about the quote of benefits from your plan.

Make sure the information you get from your insurance plan matches the quote we received. If it does not match, contact us right away so that we can re-check your benefits.

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Physical Therapy			
CPT Code	Description	CPT Code	Description
97161 97162 97163	Evaluation	98978	RTM Cognitive Based Therapy Device Supply (16 – 30 Days)
97110	Therapeutic Exercise	98979	RTM Treatment Management, (10 – 19 min)
97530	Therapeutic Activity	98980	RTM Treatment Management, First 20 min
97140	Manual Therapy	98981	RTM Each Additional 20 min
97112	Neuromuscular Re-Education	98985	RTM Musculoskeletal Device Supply (2 – 15 Days)
97116	Gait Training	98986	RTM Cognitive Behavioral Therapy Device Supply (2 – 15 Days)
95992	Canalith Repositioning	20560	Dry Needling (1 – 2 Muscles)
98975	Remote Therapeutic Monitoring (RTM) Setup & Patient Education	20561	Dry Needling (3 – 4 Muscles)
98977	RTM Musculoskeletal Device Supply 16-30 Days		

Occupational Therapy			
CPT Code	Description	CPT Code	Description
97165 97166 97167	Evaluation	97763	Orthotic Fitting/Training – add'l
97110	Therapeutic Exercise	98975	Remote Therapeutic Monitoring (RTM) Setup & Patient Education
97530	Therapeutic Activity	98977	RTM Device Supply Musculoskeletal Device Supply (16 – 30 Days)
97140	Manual Therapy	98978	RTM Cognitive Based Therapy Device Supply (16 – 30 Days)
97112	Neuromuscular Re-Education	98979	RTM Treatment Management, (10 – 19 min)
97535	Self-Care	98980	RTM Treatment Management, First 20 min
97532	Cognitive Skills Development	98981	RTM Each Additional 20 min
97533	Sensory Integration	98985	RTM Musculoskeletal Device Supply (2 – 15 Days)
97760	Orthotic/Management – Initial	98986	RTM Cognitive Behavioral Therapy Device Supply (2 – 15 Days)

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Speech Therapy			
CPT Code	Description	CPT Code	Description
92610	Swallow Evaluation	98975	Remote Therapeutic Monitoring (RTM) Setup & Patient Education
92611	Video Fluoroscopic Swallow Study (VFSS)	98977	RTM Device Supply Musculoskeletal Device Supply (16 – 30 Days)
92521	Evaluation of Speech Fluency	98978	RTM Cognitive Based Therapy Device Supply (16 – 30 Days)
92522	Evaluation of Speech Sound Production	98979	RTM Treatment Management, (10 – 19 min)
92523	Evaluation of Speech Sound Production w/ Language Comprehension and Expression	98980	RTM Treatment Management, First 20 min
92524	Evaluation of Speech Sound Production w/ Language Comprehension and Expression	98981	RTM Each Additional 20 min
92507	Speech Therapy	98985	RTM Musculoskeletal Device Supply (2 – 15 Days)
92526	Swallowing/Feeding Therapy	98986	RTM Cognitive Behavioral Therapy Device Supply (2 – 15 Days)