

## **Out-of-Network (OON) Insurance Benefits Reference Sheet**

Navigating insurance can be difficult and we hope this information helps. This worksheet was created to assist you in obtaining reimbursement for Physical Therapy services and is not a guarantee by Direct Physical Therapy Boise & Scoliosis Treatment Center of reimbursement to you.

- **Deductible:** A deductible must be satisfied before the insurance company will pay for therapy treatment. Submit all bills to help reach the deductible amount.
- **Co-Pay:** If you have an office visit co-pay the insurance company will subtract that amount from the percentage they will pay. This will affect the amount of reimbursement you will receive.
- **Reimbursement:** The reimbursement percentage will be based on your insurance company's established "reasonable and customary/fair price" for the service codes rendered. This price will not necessarily match the charges billed; some may be less, some may be more.
- **Referral or Prescription:** If your policy requires a referral or prescription from a provider you must obtain one to send in with the claim. Each time you receive an updated referral you'll need to include it with the claim.
- **Pre-Authorization:** If your policy requires pre-authorization and the insurance company doesn't have one listed yet, you'll need to call the referral coordinator at your provider's office. Ask her to file a referral for your physical therapy treatment that is dated to cover your first physical therapy visit. Be aware that referrals and pre-authorizations have an expiration date and some set a visit limit. If you are approaching the expiration date or visit limit you'll need the referral coordinator to submit a request form or treatment.

### **Steps to Determine OON Therapy Benefits**

1. Call the toll-free number for customer service on your insurance card. Select the option that will allow you to speak with a customer service representative, not an automated system. Let the customer service provider know that you are seeing an out-of-network (OON) or non-preferred provider.
2. Ask the customer service representative to quote your OUTPATIENT, OUT-OF-NETWORK Physical Therapy benefits.
3. Tell them this is for Schroth Therapy for Scoliosis, and there are NO other providers for this specialized treatment within a reasonable distance from your home. Because of this, your insurance MAY put this towards your IN-network coverage if you have GAP COVERAGE. Ask if this is a possibility.
3. Ask the questions below to obtain the most information possible to guide your decision.
4. Ask if they require you to submit research supporting Schroth Therapy for scoliosis. We are happy to provide you with the most current research supporting the effectiveness of this form of therapy.

**Questions to ask the Customer Service Representative**

Name of Representative: \_\_\_\_\_ Date/Time: \_\_\_\_\_

1. Do I have Out-of-Network Benefits for Outpatient Physical Therapy?

Yes  No

2. Do I have a deductible? Yes  No

a. If yes, how much is it? \_\_\_\_\_

b. How much has already been met? \_\_\_\_\_

3. Do I have a per calendar year plan or a per benefit year plan?

Yes  No

a. If per benefit year, what are my dates of coverage? \_\_\_\_\_

4. What percentage of coverage is my responsibility for seeing an OON or non-preferred provider? \_\_\_\_\_

5. Does my policy require a written referral or prescription from your primary care physician (PCP)? Yes  No

a. If yes, does it need to come from my PCP or will a referral from any MD/physician, nurse practitioner (NP), Physician’s Assistant (PA), or a specialist your PCP referred you to be accepted? \_\_\_\_\_

b. What is the name of the PCP on file? \_\_\_\_\_

6. Does my policy require pre-authorization or a referral on file for outpatient physical therapy services?

Yes  No

a. If yes, do they have one on file? \_\_\_\_\_

b. What is the expiration date? \_\_\_\_\_

c. Is there a dollar or visit limit per year?

d. If yes, what is it? \_\_\_\_\_

7. Do you cover Scoliosis Specific Exercises (Schroth Therapy) for scoliosis? There are no other providers within a reasonable distance so I would like to ask about “Gap Coverage.”

7. Do you require a special form to be filled out to submit a claim? Yes  No

8. What is the mailing address where I should send claims and reimbursement forms?

\_\_\_\_\_

9. Is there an online website where I can submit my claim online? If yes, what is it?

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*Other information your insurance company may request\*\*\***

**NPI #: 1285142323**

**Tax ID #: 82-3723434**

**CPT/Procedure codes: 97163, 97110, 97140, 97112**

**Diagnosis Codes:**

**If you or your child has:**

**Kyphosis, Scheuermann’s Kyphosis, or Hyper Kyphosis: M42.00, M54.6, M40.209, M40.294, M40.04**

**Scoliosis: M41.20, M41.24, M41.26, M41.27)**

**Low Back Pain: M54.5**

**Pain in Upper back: M54.6**

**\*Other codes may be added depending on your specific problem\***