

INSURANCE RESOURCE GUIDE FOR PARENTS



This insurance resource guide is designed to support families in understanding how insurances work and ultimately how to evaluate both in-network coverage and out of network coverage. Since Able Brain is committed to providing the highest quality of services while supporting families access multiple funding resources. Please be advised that since April brain is a concierge therapy provider and each patient's benefit coverage is not a guarantee of payment. Ultimately, all patients hold financial responsibility for the services they sign up to receive.

Below are the questions to ask your insurance to better understand the coverage available for the therapy services that your child needs:

Information you will need prior to calling your insurance company:

Patient name: _____ DOB: _____

Primary Insurance Carrier: _____ Phone: _____

Name of Insured: _____ DOB: _____ SSN: _____

SSN: _____ Insurance ID#: _____ Group #: _____

IMPORTANT:

Verification of benefits is not a guarantee of coverage or payment. As you speak with an insurance representative, it is important to understand that many representatives can make mistakes and it is beneficial to get their name and contact information when possible. The phone calls are being recorded, and any reference numbers for the

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verification of benefits is extremely helpful. One of the most important things to keep in mind is that just because a policy has an occupational therapy or speech therapy benefit does not mean that the service is automatically covered. Please utilize our questions below to get a thorough understanding of your policies coverage. As a reminder, since April brain is not contracted with insurance. We recommend verifying your out of network coverage and in network coverage to understand your coverage options.

The Insurance Verification Call:

Date and time of your call: _____

Who is the representative you are speaking with _____.

What to Say When Calling Insurance:

"I am calling to verify out-of-network and in-network benefits coverage for my child: _____ for the benefit of **Occupational**

Therapy or **Speech Therapy** in an "**office setting**" for procedures that may utilize any of the following codes:

Occupational Therapy Codes:

- 97166 Occupational Therapy Evaluation
- 97168 Occupational Therapy Re-Evaluation
- 97112 Neuromuscular Re-education (Code Sense Able Brain utilizes)
- 97535 Activities of Daily Living (Code utilized for some therapy and parent coaching)
- 97530 Therapeutic Activities (Code often utilized)
- 99441 Clinical Collaboration (Code billed for any clinical collaboration, etc)
- 97150 Group Therapy (Utilized for any group therapy activities)
- 92526 Oral Functional Therapy (Utilized for feeding therapy or oral motor therapy)

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Speech Therapy Codes:

- 92523 Speech Therapy Evaluation
- 92507 Speech Therapy Treatment
- 92508 Group Speech Therapy
- 97535 Self-Care / ADL Code (Utilized for parent consulting.)
- 99441 Clinical Collaboration (Code billed for any clinical collaboration etc.)
- 92526 Oral Functional Therapy (Utilized for feeding therapy or oral motor therapy)

Questions:

1. What is the effective date of my policy? _____

2. Is the policy based on a calendar year benefit or policy year benefit?

3. What coverage options does my policy include?

- Occupational Therapy (In-Network Coverage) Yes No
- Occupational Therapy (Out Of Network Coverage) Yes No
- Speech Therapy (In-Network Coverage) Yes No
- Speech Therapy (Out Of Network Coverage) Yes No

4. Are my therapy coverage benefits subject to a deductible?

- **Occupational Therapy (In-Network Coverage)** Yes No

If yes, what is the In-Network Deductible?

Individual _____ Family _____

How much is satisfied of my In-Network Deductible?

Individual _____ Family _____

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- **Occupational Therapy (Out-Of-Network Coverage)** Yes No

If yes, what is the Out-Of-Network Deductible?

Individual _____ Family _____

How much is satisfied of my Out-Of-Network Deductible?

Individual _____ Family _____

- **Speech Therapy (In-Network Coverage)** Yes No

If yes, what is the In-Network Deductible?

Indv _____ Family _____

How much is satisfied of my In-Network Deductible?

Indv _____ Family _____

- **Speech Therapy (Out-Of-Network Coverage)** Yes No

If yes, what is the Out-Of-Network Deductible?

Indv _____ Family _____

How much is satisfied of my Out-Of-Network Deductible?

Indv _____ Family _____

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

- **In-Network** Out-of-Pocket Max: Indiv _____ Family _____

How much has been satisfied: Indiv _____ Family _____

- **Out-Of-Network** Out-Of-Pocket Mas: Indiv _____ Family _____

How much has been satisfied: Indiv _____ Family _____

6. Is pre-authorization required for any of the codes that I presented?

Occupational Therapy Codes:

- 97166 Occupational Therapy Evaluation Yes No
- 97168 Occupational Therapy Re-Evaluation Yes No
- 97112 Neuromuscular Re-education Yes No
- 97535 Activities of Daily Living Yes No

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- 97530 Therapeutic Activities Yes No
- 99441 Clinical Collaboration Yes No
- 97150 Group Therapy Yes No
- 92526 Oral Functional Therapy Yes No

Speech Therapy Codes:

- 92523 Speech Therapy Evaluation Yes No
- 92507 Speech Therapy Treatment Yes No
- 92508 Group Speech Therapy Yes No
- 97535 Self-Care / ADL Code Yes No
- 99441 Clinical Collaboration Yes No
- 92526 Oral Functional Therapy Yes No

7. Do occupational therapy visits go towards the deductible, count towards treatment max?

- In-Network Yes No
- Out-Of-Network Yes No

8. Do speech therapy visits go towards the out of network deductible, count towards treatment max?

- In-Network Yes No
- Out-Of-Network Yes No

9. Are Occupational Therapy and Speech Therapy visits reimbursed if they occur on the same treatment day? Yes No

(Please be advised that some insurance companies don't cover more than one discipline on the same day. Please confirm if you are planning to receive both

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services. Identify this question for both the in-network and out-of-network benefit.)

10. Once the deductible is satisfied, what is the percentage covered by my insurance plan if covered as co-insurance benefit?

In-Network Coverage:

- 50% coverage
- 60% coverage
- 70% coverage
- 80% coverage
- Other _____

Out-Of-Network Coverage:

- 50% coverage
- 60% coverage
- 70% coverage
- 80% coverage
- Other _____

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

In-Network Coverage

- Occupational Therapy Co-pay _____
- Speech Therapy Co-Pay _____

Out-of-Network Coverage

- Occupational Therapy Co-Pay _____
- Speech Therapy Co-Pay _____

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12. Is the Occupational Therapy and Speech Therapy benefit a “shared benefit”
(example 12 total visits between OT and SLP services)?

- In-Network Benefit Shared? Yes No
- Out-of-Network Benefit Shared? Yes No

Notes: _____

13. What is the treatment max?

In-Network Coverage

- Occupational Therapy treatment max: _____ Visits utilized YTD _____
- Speech Therapy treatment max: _____ Visits utilized YTD _____

Out-of-Network Coverage

- Occupational Therapy treatment max: _____ Visits utilized YTD _____
- Speech Therapy treatment max: _____ Visits utilized YTD _____

14. Can more visits be approved?

- Occupational Therapy? Yes No

If yes, how do we get more visits? _____

- Speech Therapy? Yes No

If yes, how do we get more visits? _____

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15. Is a doctor's prescription "doctor's order" or "recommendation" required?

- Occupational Therapy Yes No
- Speech Therapy Yes No

16. Any non-covered pre-existing conditions as it relates to the Occupational Therapy or Speech Therapy benefit? Yes No

- If yes, please explain: _____

17. Are there any exclusions listed on the "Evidence of Coverage" for Occupational Therapy or Speech Therapy? Yes No

- If yes, please provide exclusions: _____

18. Would I qualify for a "GAP Exception"? Yes No

- If yes, please provide details as to how to process a 'GAP Exception' _____

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19. Where do claims get submitted?

- **In-Network Coverage Claims:**

Attn: _____ Address: _____

City: _____ State: _____ Zip: _____

Notes: _____

- **Out of Network Coverage Claims:**

Attn: _____ Address: _____

City: _____ State: _____ Zip: _____

Notes: _____

20. Utilization Management Contact Info: _____

Additional Verification of Benefits Notes:

Reference Information About Sense Able Brain Therapy:

Integrative Therapy Solutions, Inc, dba Sense Able Brain

Organization NPI: 1568762771

EIN/Tax ID: 27-3156531