

Insurance Benefits Verification Guide:

The 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. Sensory Solutions is committed to providing the highest quality of services while supporting families access multiple funding resources. Please be advised that Sensory Solutions is a concierge therapeutic 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.

We have created an **Insurance Verification Of Benefits Guide** to assist you with asking your insurance the "right questions" to better understand your insurance coverage available.

Insurance Information That Is 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# _____

Important Information To Keep In Mind:

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 info when possible. The phone calls are being recorded, and any reference numbers for the 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, Sensory Solutions is not contracted with every insurance. We recommend verifying your out-of-network coverage and in-network coverage to understand your coverage options.

What To Say When Calling Insurance:

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

Procedure Codes May Include Any Of The Following:

Occupational Therapy Codes:

- 97166 (Occupational Therapy Evaluation) / 97168 (Occupational Therapy Re-Evaluation)
- 97112 (Neuromuscular Re-education – Primary Code Sensory Solutions Utilizes)

- 97535 (Activities Of Daily Living – Code Utilized For Some Therapy & Parent Coaching)
- 97530 (Therapeutic Activities – Code rarely utilized but may occasionally be used)
- 99441 (Clinical Collaboration – Code billed for any clinical collaboration, etc.)
- 97150 (Group Therapy – Code utilized for any group therapy activities.)
- 92526 (Oral functional therapy – utilized for feeding therapy or oral motor therapy)

Speech Therapy Codes:

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

Questions:

1. Who is the representative you are 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:
 - 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
5. Are my therapy coverage benefits subject to a deductible?
 - **Occupational 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 _____
 - **Occupational 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 _____
 - **Speech Therapy (In-Network Coverage)** Yes No
 - If yes, what is the In-Network Deductible? Indv. _____ Family _____
 - How much of my In-Network Deductible is satisfied? 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 is satisfied? Indv. _____ Family _____

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

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

7. 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**
- 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 – Utilized for parent consult / coaching) **Yes** **No**
- 99441 (Clinical Collaboration – Code billed for any clinical collaboration, etc.) **Yes** **No**
- 92526 (Oral functional therapy) **Yes** **No**

8. Do Occupational Therapy visits going towards the deductible, count towards treatment max?

- In-Network? **Yes** **No**
- Out-Of-Network? **Yes** **No**

9. Do Speech Therapy visits going towards the out-of-network deductible, count towards treatment max?

- In-Network? **Yes** **No**
- Out-Of-Network? **Yes** **No**

10. Are Occupational Therapy and Speech Therapy visits reimbursed if they occur on same treatment day? **Yes** **No** *(Please be advised that some insurance companies don't cover more than one discipline in a day. Please confirm if you are planning on receiving both services. Identify this question for both the in-network benefit and the out-of-network benefit.)*

11. 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____

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

In-Network Coverage:

- Occupational Therapy Copay: _____
- Speech Therapy Copay: _____

Out-Of-Network Coverage:

- Occupational Therapy Copay: _____
- Speech Therapy Copay: _____

13. 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: _____

14. 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 _____

15. 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: _____
- _____

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

- Occupational Therapy **Yes** **No**
- Speech Therapy **Yes** **No**

17. Any non-covered pre-existing conditions as it relates to the Occupational Therapy or Speech Therapy benefit? **Yes** **No** If yes, please explain:

18. Are there any exclusions listed on the "Evidence of Coverage" for Occupational Therapy or Speech Therapy? **Yes** **No** If yes, please provide exclusions:

19. Would I qualify for a "GAP Exception," **Yes** **No** If yes, please details to process a "GAP Exception" _____

20. Where do claims get submitted?

• **In-Network Coverage Claims:**

Attn: _____ Address: _____

City: _____ State: _____ Zip: _____

Notes: _____

• **Out-Network Coverage Claims:**

Attn: _____ Address: _____

City: _____ State: _____ Zip: _____

Notes: _____

21. Utilization Management Contact Info: _____

Additional Verification Of Benefits Notes:

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Reference Information About Sensory Solutions

Sensory Solutions
Organization NPI: 1700940475
EIN/Tax ID: 02-0668907

Understanding How Insurance Works

Insurance has become a very confusing process in today's healthcare environment. We hope that our resource guide is beneficial in helping you better understand some common areas of confusion as it relates to the role of healthcare insurance and navigating the process. We have put together a "question and answer" format to streamline tips and strategies that may be relevant to you.

❖ Question: What is a "GAP exception"?

A. A network gap expectation is a tool health insurance provider use to compensate for gaps in their network of contracted healthcare providers. This is a way that clients may be able to access "in-network benefit coverage" from an out-of-network service provider.

❖ Question: What is the difference between a "deductible" and an "out-of-pocket maximum"?

A. **The deductible** is a dollar amount that the insurance subscriber must spend prior to the insurance carrier contributing their portion of the coverage/coinsurance (60%, etc.). Please keep in mind that just because you have a "deductible" does not mean that it necessarily applied to the service benefit, therefore always ask when verifying benefits if the "deductible applies." The **out-of-pocket maximum** is the most you have to pay for covered services in a plan year. After you spend the financial responsibility of deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.

❖ Question: What is the difference between a "copay" and "coinsurance"?

A. **The copay** is a specific amount of money that you spend on an office visit. A copay is typically meant when going to your primary care physician for the office visit and is a flat amount such as a \$40 office copay. **Coinsurance** is when insurance covers a specific percentage of the expenses for the covered service which results in the insurance subscriber paying the remaining percentage. Typically, specialty services such as Occupational Therapy are subject to coinsurance instead of a copay. Example: Your benefit is not subject to a copay but covers 60% of Occupational Therapy with a max of 12 visits. You are responsible for 40% of the expense for 12 visits and then 100% for all visits after 12 visits unless additional visits are authorized.

❖ Question: How likely is it to get approved for more visits beyond the initial visit allotment?

A. Typically, insurances will authorize an initial allotment (i.e., 12 visits of OT, PT, SLP combined benefit). However, they will state that more visits may be approved based on "medical necessity." This can often be misleading as we find that clients are ultimately anticipating insurance will cover more, but typically we find that once you reach the initial allotment threshold, additional visits are authorized on a minimal basis. When submitting for approval beyond the initial cap, we find that you may get an initial 3-4 visits approved in which a medical review will be requested at the time of each allotment is exhausted. The process consists of submitting clinical documentation, case management review, and potentially additional steps of "peer to peer" review, etc. It is important to understand that these additional steps take time. Therefore clients should be prepared that not all visits will be covered by insurance in order to ensure continuity of care for our clients.

- ❖ **Question: Does Sensory Solutions Submit To My Insurance If I am Accessing My Out-Of-Network Benefits?**
 - A. *Sensory Solutions does have the ability to submit claims to your insurance in an attempt to access out-of-network benefits. If Sensory Solutions is not contracted with your insurance, then you may choose to have a discounted private pay rate in which claims are not submitted or attempt to access coverage through out-of-network coverage. There are no guarantees of coverage regardless if a provide is contracted as “in-network” or submitting as an “out-of-network” provider.*
- ❖ **Question: If my insurance requires Sensory Solutions to request for “pre-authorization,” is there an additional charge?**
 - A. *Sensory Solutions does not charge for submitting for “pre-authorization” requirements, however if the insurance requirements demand additional time that is greater than 30 minutes of administrative time, Sensory Solutions will ask for family to follow up with their insurance carrier or the family may pay for the additional administration time from Sensory Solutions.*
- ❖ **Question: What is the secret to being successful with having insurance cover services?**
 - A. *There are several steps that we recommend for clients that are dedicated to doing whatever it takes to get additional funding via insurance. Here are our recommendations:*
 - i. *Do a proper verification of benefits to understand the benefit, the claims process, exclusions, and diagnoses that are not covered under your benefit.*
 - ii. *Get a prescription or doctor’s order from your Pediatrician. The doctor’s order should state the following: Your child’s name, date of birth, diagnosis, “Occupational Therapy evaluation and treatment.” – A doctor’s prescription/order helps to support the medical necessity of the services regardless of the insurance requires a doctor’s order.*
 - iii. *Submitting a copy of your Occupational Therapy Evaluation when submitting claims can help support the overall process.*
 - iv. *Submitting claims within 7 days from your “date of service” and following up within 14 days of your claim submission with insurance. Timeliness is essential when managing the claims submission process.*
 - v. *Ensure that you have a superbill with appropriate codes and diagnosis codes based on procedures delivered and that clinical documentation is aligned with the procedure codes.*
 - vi. *Create an insurance tracking spreadsheet in excel to keep track of claims submitted, claims denied, claims paid.*
 - vii. *Review all of your “Explanation Of Benefits” and call insurance company with questions and concerns.*

❖ **What do I do if I have an Occupational Therapy or Speech Therapy benefit, the verification of benefits indicate that I am not subject to any exclusion and submitted the claims appropriately, but coverage is denied?**

- A. *Unfortunately, it is extremely common to have claims denied even when a client has the coverage and completed the process correctly. In our experience, we have seen two claims submitted identical, and one claim got denied, and one claim got covered, and there is no justification for the denial. The bottom line is follow up is essential. Here are the tips:*
- i. *Call your insurance company to determine the reason for denial. Ask for a copy of the plan's policy for Occupational Therapy benefits and an explanation of denial in writing if not on the explanation of benefits from the claim submission. Write down who you spoke with, the date and time, and what was said for all telephone calls. Maintain all communication in a file.*
 - ii. *If your health insurance is through an employer group, you may contact the Human Resources Department to see if the benefits department offers an insurance claim advocate to support the process of troubleshooting denials, etc. We recommend reaching out to your Human Resources department for the employer that the benefits are received and inquire about the support that may be available.*
 - iii. *Contact your child's pediatrician and referring physician and ask that they write a letter to the insurance company in support of the need for therapy services.*
 - iv. *Make a formal appeal to your insurance company for reconsideration. Contact the Member Services Department of your insurance company for the process for appealing insurance denials, the mailing address for the appeals department, and the expected length of time to receive a response. Many insurance companies require that an appeal is submitted within 30 days of receiving the initial denial of the claim. Send all appeal documentation via certified mail and then follow up with a phone call.*

❖ **Do you have any recommendations for financial resources available to support the overall expense of therapeutic intervention for my child?**

- A. *We are aware that the expenses for therapeutic intervention can add up and we also know that this investment in your child is priceless for his or her long-term health, wellness and success. With that being said, we know that every little bit counts and we have found that there are often additional "subsidies" that may be able to contribute to the expense of therapeutic intervention. Here is a list of some subsidies that you should explore:*
- i. **Flexible Spending Account "FSA":** *This is a pre-tax benefit that most employers offer in which you can utilize pre-tax dollars that you put into your "FSA" for medical costs inclusive of therapy, dentist, healthcare, etc.*
 - ii. **Health Savings Account "HSA":** *This is a savings account used in conjunction with a high-deductible health insurance policy that allows users to save money tax-free against medical expenses.*
 - iii. **School Funding:** *This is a little bit more challenging to access, however, if your child qualifies for IEP funded services and it is determined that he or she requires services in a "sensory gym," there are times where school funding can be utilized in*

- reimbursing parents for expenses connected to an outside provider. Typically, an Independent Educational Evaluation (IEE) is requested in the IEP process in which a family can often pick an outside provider and based on the results; the school funding may be tied to families finding a provider outside of the school system.*
- iv. **State and Federal Disability Benefits:** *There are times where families can get additional subsidies connected to state and federal disability benefits. Here are some sample programs that you may want to look into:*
1. **Social Security Disability Insurance (SSDI)** *Social Security Disability Insurance is another financial benefit through Social Security. This payment is available for adults who have a disability that began prior to age 22. SSDI can be considered a “child’s” benefit because it is paid on a parent’s Social Security earnings record.*
 2. **ABLE Accounts:** *ABLE Accounts are tax-advantaged savings accounts for individuals with disabilities and their families.*
<http://www.ablenrc.org/about/what-are-able-accounts>
 3. **Family Grant Opportunities:** <https://www.autismspeaks.org/family-services/resource-library/family-grant-opportunities>
- v. **Other Places To Search For Financial Assistance:** *Here are some other ideas that we have heard about that may be beneficial to explore depending on your circumstances:*
1. **The United Way** *can help you connect with many resources and services in your area, and answer many questions about obtaining assistance. Call 2-1-1 or visit 211.org to learn about some of the options available to you.*
 2. **NeedHelpPayingBills.com** *is a website which lists many sources of financial assistance.*
 3. **USA.gov** *maintains information on a variety of government and other assistance. In particular, see the page on Government Benefits, Grants, and Loans.*
 4. **The Patient Advocate Foundation** *is also a good place to search for grants and other financial assistance, particularly if someone in your family has a medical condition. You can search for resources based on medical diagnosis.*
<http://www.patientadvocate.org>