

# Insurance Coverage for Outpatient Therapy Services

## Know What Your Insurance Covers

Many insurance plans cover therapy services but some plans have certain conditions or limitations to coverage.

It is important that you know what your plan will cover before you or your child begins therapy. We recommend that you contact your insurance company to find out what coverage your insurance offers or if there are specific limitations. If you have secondary health insurance, you should contact that company as well. Some questions that you may want to ask your insurance company include:

- Does my plan provide coverage for occupational, physical and/or speech therapy?
- Does my plan provide coverage for occupational, physical and/or speech therapy provided in a hospital setting? Madonna TherapyPlus services are billed as an outpatient hospital service.
- How many visits are allowed under my insurance plan?
  - Are chiropractic visits included in those visit limits?
  - Do the visits re-set at the start of the plan year?
- Are there any exclusions or limitations to therapy coverage?
  - Some insurance plans will not cover services for children diagnosed with developmental delay or speech impediment.
  - Some payers require authorization prior to therapy evaluation. Other payers will cover an initial therapy evaluation but not ongoing services until they have reviewed notes for the evaluation and the plan of care.
- How much will I be expected to pay out of pocket? Some plans require you to pay some out of pocket costs including co-payments, unmet deductibles and co-insurance amounts.
- How often does the insurance company require a new physician referral for therapy services?

## Responsibility of Patient/Parent/Legal Guardian

You are responsible for payment of therapy services if your insurance plan denies coverage. Even if an insurance company authorizes services, they can later deem them not medically necessary and deny payment for those services; an authorization does not guarantee payment. A quote of benefits does not guarantee coverage.

It is very important that you fully understand your coverage and its limitations. For example, if your plan limits the number of visits, our therapists track the number of completed visits, but you should also keep track of the visits to avoid higher out of pocket costs. If you had visits with another provider, you must keep track of those visits and communicate with your Madonna therapist.

If you are unsure about whether your therapy or your child's therapy will be covered, wait to schedule the appointment. Although you may schedule your therapy prior to obtaining insurance authorization, you are responsible for payment if the sessions are not authorized.

## **Denial of Coverage**

If you have therapy benefits but coverage is still denied, there are a few things that you can do:

- Call your insurance company to determine the reason for the denial. Ask for a copy of the plan's policy for occupational, physical and speech therapy benefits and an explanation in writing. Write down who you spoke with, the date and time, and what was said for all telephone calls. Maintain all communication in a file.
- Inform your employer's Human Resources and/or Benefits director of the limitations in coverage. Ask if there are any options in coverage or if he/she could contact the insurance company on your behalf. You can also request that coverage be included in future medical benefits.
- Contact your physician or your child's pediatrician and ask that he/she write a letter to the insurance company explaining the medical necessity for therapy. Your child's therapist can also write a letter of medical necessity.
- Contact the Member Services department of your insurance company and make a formal appeal to your insurance company for reconsideration. Ask about 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 be 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.

## **We Can Help**

Discuss options for scheduling with your therapist, as this could help decrease your costs. Options may include scheduling less frequently while increasing exercise/activity programs at home or utilizing community-based programs.

A member of the Madonna TherapyPlus team will contact your insurance company to verify your eligibility for therapy benefits, confirm if authorization or pre-certification are required, obtain necessary authorization and assist you with questions regarding insurance coverage. This does not guarantee benefits but can assist us with making recommendations for your treatments.

Our Patient Financial Service Representatives can assist you with identifying payment options. For further help or answers to your questions regarding insurance coverage, contact our Patient Financial Services by phone at (402) 413-3600 or by e-mail at [billinginfo@madonna.org](mailto:billinginfo@madonna.org).