

INSURANCE COVERAGE GUIDE





- Occupational Therapy services through World of OT may be covered in FULL or IN PART based on your out-ofnetwork insurance benefits.
- Inform insurance that you are seeing a non-preferred/out of network provider with a referral script from your Physician.





- World of OT will provide you a superbill at the end of each month.
- We will do our best to provide you with any additional documentation required for reimbursement.

🥜 WHAT TO DO: 🥜



- Call the member services phone number on your insurance card.
 Disk eligibility benefits as similar entire when promoted.
- Pick eligibility, benefits, or similar option when prompted.
- Once you reach a live network representative, ask him/her if you have "Out of Network Benefits Coverage".



- If the answer is "No", you are not covered. There may be exceptions made if there is a 'network deficiency' and no in network OT's in your area are accepting new clients. Ask the representative about the same.
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- If the answer is "Yes", inquire about occupational therapy out of network benefits.



Questions to ask



- At what rate is the evaluation covered? Do I need to submit any paperwork or get approval before getting my child evaluated for OT services?
- What is my child's coverage for out-of-network pediatric occupational therapy visits? (Reimbursement of 60%, 80% and 90%, are common)
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- Common CPT codes used based on needs are 97530 (OT services most common), 98960 (Consultations), 92526 (Feeding Therapy), 97166/97167 (OT Evaluation), 97168 (Re-eval/New Treatment Plan)
- Do I have a copayment or is there a percentage of the bill I will be responsible for?
- Is my provider required to be credentialed as an out-of-network provider for me to receive reimbursement? If yes, please let Ushma know.
- Are there any diagnosis exclusions for out-of-network reimbursement?
- Does my insurance exclude outpatient services provided in the home for occupational therapy (location code 12)?
- Does my plan require a deductible to be paid for the calendar year before the coverage begins? If so, what is the dollar amount? And what has been applied so far?
- Does my child have an out-of-pocket maximum that I pay per calendar year?
- is there a limit to the number of sessions covered for out of network benefits each calendar year?
- Am I required to have a doctor's referral or pre-authorization before my child sees a clinician? If so, who do I contact? Can the forms be emailed to Ushma.WorldofOT@gmail.com or child's primary care provider?





- Where do I submit the therapy superbills? Fax number/ email/ postal address
- Is there an additional form to be submitted with the superbill?

*Ask for the representatives name and reference number of the call for your records

