

Questions to ask your insurance company about out-of-network occupational therapy benefits

Though Farfalla Integrative Health does not accept insurance, you may be able to submit a claim to your insurance company for reimbursement if you have out-of-network benefits. This form can help guide you through a conversation with your insurance company about these benefits.

There is no guarantee of reimbursement from your insurance company as coverage depends on your specific insurance plan. If you choose Farfalla Integrative Health as your occupational therapy provider, you will pay for services in full when they are rendered. If you do qualify for reimbursement, Farfalla Integrative Health will provide you with a superbill (a detailed receipt) to submit to your insurance company, and the insurance company will reimburse you directly according to your policy's guidelines. You are still responsible for the full payment at the time of service regardless of your insurance coverage.

Call the member/customer service number on your medical insurance card. **Tell the representative you are calling to check your benefits for out-of-network coverage.** Ask:

Does my plan provide out-of-network coverage for outpatient and telehealth occupational therapy?

If yes:

- **How many visits are covered during my benefit period?**
 - **When did my benefit period start?**
 - **When does my benefit period end?**

- **Do I have a deductible?** (A deductible is the amount you pay for all covered services before your insurance plan starts to pay.)
 1. If yes: **How much is my out-of-network deductible?**
 2. **How much of the deductible has already been met?**
 - Subtract the amount in #2 from the amount in #1. This is how much you still need to pay before your insurance starts to pay.

- **Do I have a copay and/or co-insurance? If so, how much is each per visit?**
 - A copay is a specific dollar amount you pay for each visit. Co-insurance is a percentage of the overall cost of each visit that you pay. Your plan may have one or both.

- **Do I need a prescription from a doctor before receiving outpatient or telehealth occupational therapy? Do I also need a referral?**
 - If yes, you will be responsible for obtaining the prescription and/or referral from your doctor prior to your initial occupational therapy appointment.

- **Do I need to obtain insurance authorization or pre-certification before receiving outpatient or telehealth occupational therapy?**
 - In addition to a doctor's prescription and/or referral, some insurance companies require you to get their permission before you begin services, or they won't pay at all. That permission is what is meant by authorization or pre-certification.

If yes: **What is the process for obtaining authorization?**

- **Does my policy reimburse for the following procedure codes (CPT codes)?** (Just give the numbers first. You probably won't need to read the descriptions for the codes, but they're here in case the representative asks.)
 - 97165 Occupational therapy evaluation – low complexity
 - 97166 Occupational therapy evaluation – medium complexity
 - 97168 Occupational therapy re-evaluation
 - 97535 Self-care or home management training
 - 97537 Community/work reintegration training
 - 97129 Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity; initial 15 minutes.
 - 97130 Each additional 15 minutes for primary code 97129
 - 97110 Therapeutic procedure
 - 97112 Neuromuscular reeducation
 - 97140 Manual therapy techniques
 - 97533 Sensory integrative techniques

- **How and where do I submit claims to receive my reimbursement? Do I need to submit a superbill with each claim?**
 - A superbill is an itemized, detailed receipt that an out-of-network provider gives to a client after services have been rendered. Farfalla Integrative Health will provide you with a superbill after each session if needed.