

Out-Of-Network Insurance Reimbursement Guide

Navigating insurance can be difficult. We hope this information helps. This guide was created to assist you in obtaining reimbursement for physical therapy services and is not a guarantee of reimbursement to you.

Determine Your Benefits

Step 1

There are many different insurance policies and plans. Call the toll-free number on your insurance card. Select the option that allows you to speak with a customer service representative.

Step 2

Ask the customer service representative to quote your outpatient, out-of-network physical therapy benefits. Ask the questions below to obtain the information necessary to guide your decisions and expectations regarding reimbursement.

Step 3

An invoice with all the information needed for insurance reimbursement is generated and automatically uploaded to your client portal after each visit. Submit these invoices to your insurance company for reimbursement.

Important Definitions

Deductible: the amount you must pay before insurance will pay for treatment.

Co-pay: the amount you pay out of pocket per visit.

Reimbursement: the amount/percentage of money you will receive for services. This will be based on your insurance company's established "reasonable and customary/fair price" for the services rendered. This will not necessarily match charges billed.

Referral/Prescription: some insurance companies require a referral from a provider for physical therapy services to be reimbursed. Each time you receive an updated referral, you must include it with the claim.

Pre-authorization: some policies require pre-authorization. You will have to call the referral coordinator at your providers office and ask them to file an authorization for your PT treatment that is dated prior to your first appointment. Be aware that referrals and pre-authorizations have an expiration date, and some set a visit limit. If you are approaching this, you'll need the referral coordinator to submit a request for further treatment.



Questions for Customer Service Representative

- Do I have Out-of-Network (OON) Benefits for outpatient physical therapy?
- Do I have a deductible?
 - If yes, how much is it?
 - How much has already been met?
- Do I have a per calendar year plan or a per benefit year plan?
 - If per benefit year, what are my dates of coverage?
- What percentage of coverage is my responsibility for seeing an OON or non-preferred provider?
- Does my policy require a written referral or prescription from my primary care physician (PCP)?
 - If yes, what is the name of my PCP on file?
 - If yes, does it need to come from my PCP or will a referral from any physician, nurse practitioner, physician's assistant, or specialist my PCP referred me to be accepted?
- Does my policy require pre-authorization or a referral on file for outpatient physical therapy services?
 - If yes, do they have one on file?
 - What is the expiration date?
 - Is there a dollar or visit limit per year? If yes, what is it?
- Do you require a special form to be filled out to submit a claim?
- How can I send claims and reimbursement forms?
 - If there is an online website, what is it?
 - If I am required to send to a mailing address, what is it?

Other information your insurance company may request:

NPI: Type 1 - 1851928683; Type 2 - 1801567326

Common CPT/Procedure Codes: 97161, 97110, 97140, 97530, 97112, 97799