Keywords & Definitions

- **In-network:** A term used to define a service provider (ex. a therapy practice or a doctor's office) that has a contractual agreement to provide the insurance company's members for certain services and for a certain rate.

- **Out-of-network:** A term used to define a service provider that does not have a contractual agreement with a particular insurance.

- **Copay:** A contractually agreed upon rate that insurance members must pay for medical services at each visit. Typically this is a flat rate, for example $40 per office visit, etc.

- **Coinsurance:** When an insurance company agrees to pay a percentage of services, the remaining percentage that is the member's financial responsibility is called the coinsurance. For example, if your insurance covers 80% of your occupational therapy session, the member would be responsible for the remaining 20%.

- **Deductible:** A dollar amount that must be paid by the insurance member before the insurance will make their percentage contribution (like the 80% example above). Common deductible amounts are $1,000, $2,000, and $5,000 - but they vary based on the insurance provider and to the specific plan that person subscribes.

- **Out-of-pocket maximum:** This is the maximum dollar amount that you can pay in a year for medical services. After this number has been met, your insurance plan will pay 100% of health benefits until your plan starts over the next year.

- **Visit limit:** For certain services, like occupational/speech/physical therapy, insurance has an allowable amount of visits that they will cover. These range and vary from plan to plan. The ability to request for more visits also varies from plan to plan.

- **CPT Codes:** These codes are described as a "uniform language" in which medical providers communicate with insurance providers to explain what services exactly that they are providing.

- **Modifiers:** These are letters/codes that accompany CPT codes that provide further detail about the services. For example, both OTs and PTs can use exercises in their treatment session. The modifier will tell the insurance which provider, an OT or PT, provided that service.
- **Units:** These are used to measure the amount or time of certain services.
- **Claim:** These are essentially detailed billing statements that are provided to the insurance provider from the service provider. It contains information about the patient, the service provider, as well as details about the visit (when, where, what, and with whom).
- **Prior authorization:** Think of a prior auth as asking written permission to perform a certain service. The provider could technically provide the service without "permission" but unless the insurance has given "permission" they will not pay for the service. This would mean that claims submitted without authorization would be denied and all of the financial responsibility would fall to the patient.
- **Denial:** A term that describes when an insurance company says they will not pay the bill (claim) sent by the service provider. In a denial, you can try to ask insurance again by providing extra information or clarifying any mistakes, but it is not guaranteed that will happen. Again, in this case the financial responsibility would fall to the patient.
- **Gap Exception:** This is a way that members of insurance company's can potentially use "in-network" benefits from an "out-of-network" provider. This opportunity is offered in an attempt to "close the gap" of an insurance's service area coverage. For example, if you are having a difficult time finding a provider that takes your insurance, or you are having a difficult time getting in with your network providers (due to waitlists, etc.) you can discuss using a Gap Exception to work with a local out-of-network provider. There is usually an application process for this.

Bright SpOT's National Provider Number **(NPI)**: 1164003638

Please ask our office administrator for specific therapist NPI numbers

Potential **CPT Codes** for OT services:

Evaluation codes: 97167, 97166, 97165 (only billed once a year)

Session codes: 97530, 97533, 97110, 97112 (at least one will be billed every time)

Potential **CPT Codes** for ST services:

Evaluation codes: 92523 or 92522 (only billed once a year)

Session codes: 92507, 92526 (at least one will be billed for every session)

Questions to Ask Regarding Your Insurance Benefits

1. Locate the customer care line on the back of your insurance card. Make sure you are calling the member/customer number.

2. Once you speak to a representative, ask for their NAME and the REFERENCE NUMBER for the call.

3. Then ask any/all of these questions

- Can I have your name as well as the reference number for this call?

- What is the effective date of my policy?

- Is my insurance policy based on a "calendar" year or "plan year"?

- Do I have in-network and out-of-network coverage for occupational therapy?

- What is my deductible for OT, if I have one?

  - In-network: Individual _____ Family_____

  - Out-of-network: Individual _____ Family_____

- Do I have in-network and out-of-network coverage for speech therapy?

- What is my deductible for speech, if I have one?

  - In-network: Individual _____ Family_____

  - Out-of-network: Individual _____ Family_____

- What is my out-of-pocket max? And how much has been satisfied so far?

  - In-network: Individual _____ Family_____

  - Out-of-network: Individual _____ Family_____

- Do you require prior authorization on any of these codes?

  - OT CPT Codes: 97165, 97166, 97167, 97168, 97530, 97110, 97112, 97535

  - ST CPT Codes: 92523, 92507, 92526

- Do I have a visit limit for occupational therapy?

  - How many?

  - Is it a hard or soft max?

  - How many do I have left as of today?

- Do I have a visit limit for speech therapy?

  - How many?

  - Is it a hard or soft max?

- ○ Are they combined or per discipline?

- ○ How many do I have left as of today?

- Are OT and ST visits covered if they take place on the same service date?

- Once my deductible is met, at what percentage do you cover services?

  - ○ In-network:

  - ○ Out-of-network:

- Does my plan require a copay for occupational or speech therapy?

  - ○ In-network: OT _____ ST _____

  - ○ Out-of-network: OT _____ ST _____

- Are there any exclusions for occupational or speech therapy?

- (If out of network) Am I eligible for a Gap Exception?

  - ○ What is the process of applying?