



P E D I A T R I C T H E R A P Y

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Out-of-Network/Self Pay Information

Bright SpOT is unable to contract with every insurance provider, which means there are some plans with which we are considered “out of network”. The reasons for this are complex but include: our uncompromising dedication to quality care, more freedom in how we work with kids/families, and paying our therapists a fair wage. Because we still believe therapy access is important, we have listed a few possibilities to ease potential financial burden.

- We can facilitate "Superbill Reimbursement". This means that, while you would be self-pay with Bright SpOT, you can take a superbill to your insurance provider to request reimbursement for medically covered services that you paid for in full. We recommend calling your insurance plan and establishing what they are willing to reimburse you ahead of time/prior to scheduling therapy services. Superbills are essentially detailed therapy service receipts and are sent to families after they have paid for their session in full. Please see below for all pertinent information.
- Gap Exceptions. If you are having difficulty finding a therapy provider, you might be eligible for a Network Gap Exception/Single Case Agreement. These agreements work on a case-by-case basis. Essentially, we can form an agreement with your insurance plan to specifically cover your therapy sessions, even if we are not contracted with them.

If you would like to learn more about Network Gap Exceptions/Single Case Agreements, reach out to us so that we can discuss further.

- Bright SpOT never wants funding to be a reason that a child does not receive the services they need. We are happy to work with families that may be experiencing hardship financially, are medically indigent, or have other outlying factors that could keep a child from receiving needed therapy. Financial hardship waivers are available on a case-by-case basis. Please reach out to us to learn more about your possible eligibility.

Break Down of Self Pay Rates

Initial Evaluations: \$200

This includes up to a 90 minute evaluation with the therapist. When the therapist meets with you/your child the first time, they will use a child-centered approach to engaging with them in order to use their clinical observation skills. The therapist may ask them to perform functional tasks through games, crafts, play themes, etc. They may also ask you/your child if there are any environmental concerns or challenges. Parents should expect to talk to the therapist about pertinent medical history and areas of concern. After the evaluation is performed, the therapist will write a report with the above information. In this report, you will see a therapy diagnosis code (not a medical diagnosis) such as muscle weakness, fine or gross motor skill deficit, etc. At the end of the report you will also see the "Plan of Care" which includes the goals and

intervention plan that will be signed off by your child's overseeing provider. Therapy sessions will begin within 1-2 weeks of the initial evaluation being completed on a recurring basis that you have worked out with your therapist.

Treatment Sessions: \$140 (with prompt pay discount \$120)

Sessions are typically 45 or 60 minutes in duration and are offered, most often, on a once a week basis. Should the need arise for more/less frequent sessions, we can always adjust accordingly. Services that are paid for within 24 hours of being rendered are eligible for a "Prompt Pay Discount".

**SUPERBILL REIMBURSEMENT:
Information you should provide your insurance provider.**

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

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)

Steps for asking your insurance about superbill reimbursement:

- Locate the customer care line on the back of your insurance card. Make sure you are calling the member/customer number.
- Once you speak to a representative, ask for their NAME and the REFERENCE NUMBER for the call. Then ask for information regarding superbill reimbursement. They will ask for our NPI number and the CPT codes listed above.
- Then ask any/all of these questions:
 - Are my out-of-network (OON) occupational/speech therapy benefits subject to a deductible?
 - If yes, how much for the individual, how much for the family?
 - What is my out-of-pocket max for OON occupational/speech therapy?
 - How much of my deductible has been met for individual? Family?
 - How much of my out of pocket has been met for individual?
Family?
 - Once my deductible has been met, what percentage is my out-of-network coverage (what is the coinsurance)?
 - Do you require prior authorization for any of the above codes?
 - Is there a limit to how many occupational or speech therapy visits you cover?
 - If yes, how many?
 - If yes, is this limit a hard or a soft max?
 - If yes, are the visits combined between disciplines? Which disciplines (OT/ST/PT)?

- Are occupational and speech therapy services covered/reimbursed if they occur on the same treatment day?
- Are there any exclusions listed on the “Evidence of Coverage” for occupational or speech therapy services?
- Would I qualify for a GAP Exception?
 - If yes, what is the process to apply for a GAP Exception?
- What documentation/information do you require for superbill reimbursement?
- What is the detailed process for submitting my superbill for reimbursement?