Navigating Out of Network Coverage

Cultivate Pelvic Health and Physical Therapy
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Determine your Out of Network Benefits

1. Call the phone number on the back of your insurance card to contact customer service.
2. Make sure to select an option that allows you to speak to a **real human** representative rather than an automated system.
3. Tell the representative that you are seeing an out of network or non-preferred health care provider.
4. Ask the representative to quote your **outpatient out of network physical therapy benefits.**
5. Document the name of the representative you are speaking with as well as the date and time of the conversation.
6. Use the following form to document your conversation.

Out of Network Benefits Form

Name of Representative:

Date and Time:

1. Do I have out of network benefits for outpatient physical therapy?
   - ☐ Yes
   - ☐ No
2. Do I have a deductible?
   - ☐ Yes
     - How much is my deductible?
     - How much of my deductible has already been met?
   - ☐ No
3. Do I have a 'per calendar year' plan or a 'per benefit year' plan?
   - ☐ Calendar yer
   - ☐ Benefit year
     - What are my dates of coverage?
4. What percentage of reimbursement does my plan have for out of network outpatient physical therapy (common amounts are 50%, 60%, 80%)?
   a. Is that reimbursement rate based on the fee charged for services, or is it based on a rate set by the insurance company?
      - ☐ Based on fee for service.
      - ☐ Based on rate set by insurance company.
        - What is the rate set by the insurance company?
5. Does my policy require a written referral or prescription from a primary care physician or is a referral from any MD/PA/NP sufficient? **NOTE: Rhode Island is a direct access state and you can see a physical therapist without a referral initially as long as the referral is received within 90 days of initiating care**
6. Does my policy require a pre-authorization or referral on file for outpatient physical therapy services?
   - ☐ Yes
     - Is there currently a referral on file for outpatient physical therapy?
     - What is the expiration date of the referral?
     - Is there a "dollar amount" or "visit limit" per year?
       - ☐ Yes

    - What is the amount/limit?
  - ☐ No
- ☐ No

7. Do you require a special form to be filled out in order to submit a claim, or can this be completed online?
   - ☐ Yes
   - ☐ No
8. What is the mailing address or website where I can submit a claim?

Terms and Phrases to Know

Deductible: A dollar amount that must be met before the insurance company will contribute to or cover care expenses. Submitting all bills is helpful to reach this deductible amount.

Copayment "copay": The amount owed up front each office visit. The insurance company will subtract this copayment amount from the percentage that they cover. This affects the amount of reimbursement received for services.

Reimbursement: A percentage of coverage based on your insurance company's established "reasonable and customary / fair price" for the service codes billed during an office visit. This price will not necessarily match the charges billed by the physical therapy provider; some may be less, some may be more.

Referral or prescription: If your policy requires a referral or prescription from a provider, you must obtain one and send it in to the insurance company with your claim. Each time you receive an updated referral, you will need to include it with the claim.

Pre-authorization: If your policy requires pre-authorization and the insurance company does not have one listed yet, call your medical provider's office and ask them for a referral for your physical therapy treatment that is dated to cover your first physical therapy visit. Be aware: referrals and pre-authorizations have an expiration date and/or visit limit.

This information is provided to assist you in obtaining reimbursement for out-of-network physical therapy services and is <u>not a guarantee</u> of reimbursement to you. Obtaining reimbursement is the sole responsibility of the patient.

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