How to Determine Your Out-Of-Network Insurance Benefits

1. Dial the toll-free number located on the back of your insurance card for customer service. Choose the option that connects you to a customer service representative rather than an automated system.
2. Request the customer service representative to provide a general quote for your physical therapy benefits. These are often referred to as rehabilitation benefits and may cover occupational therapy, speech therapy, and occasionally massage therapy
3. Ensure the customer service representative is aware that you are consulting a non-preferred or out-of-network provider.

What you need to know to determine your OON Benefits

What is you **out of network** deductible?	$_____
How much of that deductible has been met?	$_____
What percentage of reimbursement do you have?	___%

For example, if you have an OON deductible of $3000, you have met $0, and your reimburement(co-insurnance) covers 50%, once you meet your deductible your plan will cover 50 % of the their approved cost for service.

Other questions to ask:

Does your plan require a script for physial therapy from your MD?	Yes/No
Does your plan require prior authorization for physical therapy services?	Yes/No
Is there a $ or visit limit per year?	Yes/No
Where can I find the claim form on the insurance website?	
Do I submit my claim online or mail it in to a specific address?	

Decoding Insurance Terms

What is Out-of-Network Insurance?

An out-of-network insurance provider who does not have a contract with your insurance company. You may still get reimbursed depending on whether your plan has out of net-work benefits but usually at a lower rate than in-network providers.

Terms to Know

Superbill	The form you or your provider submit to your insurance company to request reimbursement for services received. A “superbill” is a detailed receipt with all necessary codes.
CPT Code	A five-digit code that describes the treatment or service provided (e.g., physical therapy evaluation, therapeutic exercise). Needed for reimbursement.
ICD 10 codes	A code that explains the medical diagnosis or reason for treatment (e.g., knee pain, ACL tear). Must match the treatment provided.
Deductible	The amount you must pay out-of-pocket each year before insurance starts reimbursing for covered services. Your OON deductible need to be met for you to begin to get reimbursment
Coinsurance	The percentage of costs you share with insurance after meeting your deductible (e.g., you pay 30%, insurance pays 70%). Example: If your deductible is $1000 with a coinsurance of 70%, after the deductible is met your insurance will cover 70% of their allowed amount on the codes that are billed.
Pre-Authorization or Prior Authorization	Approval from your insurance company that a service is medically necessary before they agree to cover it. Some OON claims may require this.
Reimbursement Rate	The reimbursement percentage will be based on your insurance company’s established “reasonable and customary/fair price” for the service codes rendered. This price will not necessarily match the charges billed; some may be less, some may be more.

**Please note this is not a guarantee of reimbursement to you. Please contact me if should you have further questions or need assistance determining your OON benefits **