



# Family Tree Therapies Insurance FAQ's

## What types of insurance do you accept?

Our office is considered participating providers with Blue Cross Blue Shield, Priority Health, Aetna, Cofinity, ASR, and Cigna. We are out of network (non-participating) with Blue Care Network, Medicaid, and Children's Special Health.

## Why don't you participate with my provider?

There are many factors we take into consideration when deciding to join an insurance company. We may consider participating with more insurance companies in the future, but as of now we are not looking to expand.

## My insurance company couldn't find you listed as a provider?

If the insurance company requests to look up our specific office, keep in mind we bill our services separately - under two different legal business names. They would need to research occupational therapy under *TheraPlay*, and speech / feeding / oral function therapy under *Speech and Voice Solutions*. Our office may provide our NPI (national provider identification) numbers for each business, should your representative have trouble locating them.

## How will I know if I my insurance will cover Family Tree Therapies' services?

If we participate with your insurance company, please call our main office at 616.447.7799 with your insurance card at the ready. We will take down your insurance information so our billing specialist can prepare your file prior to your evaluation. This will help speed up the insurance process at the time of your appointment.

Insurance has recently placed strict limitations on releasing plan information to providers, therefore unfortunately we cannot confirm any benefit details on your policy. We highly encourage you to call your insurance as a member should you wish to know your benefit coverage.

You may call the 1-800 number on the back of your insurance card in order to speak with your insurance representative.

## What do I say when I call my insurance company about coverage?

Tell them you are a member looking into occupational and/or speech therapy. Ask if you have these services as a benefit, and if there are any restrictions based on diagnosis. If needed, our commonly used procedure codes are 97530 for occupational therapy, and 92526 and/or 92507 for speech and feeding therapy. Keep in mind a procedure code explains what type of therapy you are attending, and the diagnostic code explains why you are attending therapy. If your representative insists you need a diagnostic code in order to determine coverage, please call our billing specialist at 616.447.7799, using extension 104, for assistance.

*special note for Priority Health members:* Our office will be asking Priority if your policy covers habilitative care (versus rehabilitative care, which would be considered any services after an accident / stroke / etc.). This will depend on how we code your bill.

## What is a deductible? How will I know if I'm working towards a deductible?

A deductible may apply every new insurance year. Members are responsible for full payment until your (pre-determined) deductible is met. Your specific policy determines if you are working towards a deductible. Your insurance representative will be able to tell you how close you are to hitting your deductible. Keep in mind that services take a few weeks (or longer!) to process, and so they might not be applied to your deductible immediately. Your EOB's (explanation of benefits) will start reflecting insurance payments once your deductible has been met.

## How many visits are covered?

Potential coverage depends on each specific policy. Your insurance representative should be able to help find out how many speech and/or occupational therapy visits your policy allows. Please keep in mind that some policies include all therapies (speech, occupational, physical, or others) into one maximum number of visits allowed.

Please also remember our OT and speech claims will be coming from two separate NPI numbers, since we work under two different business names. This means that should you have two different services (OT and speech) in one day, they may not count as one total visit for that day.

When seeing both OT and speech therapists, sessions often count as two visits.

## What if I want to see my therapist for longer than a typical session?

You may inquire with your insurance representative if your policy shows a limit of the number, or length of therapy, sessions allowed per day for either service. They would also be able to inform you if this would change your out of pocket costs. Keep in mind that longer or multiple daily sessions may use up more than one visit on your visit count; this depends on how we would need to code the session. Our billing specialist can help you navigate if this would be the case.

## What will my copay be? When do I pay?

Your copay or co-insurance is determined by your individual policy, once your deductible has been met. It may be a specific number, or it may be a percentage. Generally copays for evaluations are a little higher than copays for any follow-up appointments. Once insurance coverage has been determined, you will be responsible for payment at the time of service while in the office.

## When does my insurance year reset?

An insurance year may not follow the calendar year - it depends on your individual policy. Your insurance representative will be able to determine when your insurance year resets. Please keep in mind that your deductible will reset to zero at this time, as well as your visit count.