Desert Physical Therapy
— & Pelvic Health —

How to Determine Your Insurance Benefits for Physical Therapy

1. Call the toll free # for customer service on the back of your insurance card. Follow the prompts to speak with a customer service provider. The automated system will not provide you all of the info needed.

2. Ask the customer service provider to quote your **OUT**-of-network physical therapy benefits.
   Make sure the customer service provider understands you are seeing a **non-preferred/out-of-network provider. This is very important. Insurance benefits change greatly for in and out of network coverage.

How much is your **OUT**-of-network deductible? $ _____ How much has already been met? $ _____

How much is your out-of-pocket maximum? $ _____ How much has already been met? $ _____

What percentage of reimbursement do they give **AFTER** your deductible has been met? _____

Does your policy require a written prescription from your primary care physician? _____

Does your policy require **pre-authorization** for outpatient physical therapy services? _____

If yes, what forms and actions do you need to take to receive pre-authorization? _____

Is there a dollar amount **or** a visit limit per year? _____

How far in the past can claims be submitted? _____

Do they offer a "network / gap exception" to allow Desert PT to be considered in-network? _____

Do you require a special form to be filled out to submit a claim or will the receipt be sufficient? _____

How do you submit the claims for reimbursement?

___ Upload in the member portal: www. _____

___ Mail receipts/reimbursement forms to the address on the back of your insurance card

Do you cover the following procedure (CPT) codes? Including multiples of the same code in the same visit?
Ask if they can tell you how much the company considers **"reasonable and customary"** for each code.

_____ 97161 / 97162 97163 / 97164 _____ 97140 _____ 97112 _____ 97110

Notes:

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This information is to better help you understand insurance coverage.
ALL insurance companies are different, and this information is in NO way a guarantee of how your policy works.

- A deductible must be satisfied before the insurance company will pay for treatment. Submit all bills to help reach the deductible amount.

- Desert Physical Therapy billing codes:
  97161 / 97162 / 97163 / 97164 = $110.00 - $202.50 / Codes 97110, 97112, 97140 = $43.75 - $46.25

The reimbursement percentage will be based on your insurance company's established **"reasonable and customary"** price for the service codes rendered. This price will not necessarily match the charges billed. Some may be less, some may be more. **Example:** If we bill $43.75 for code 97140 and your insurance company consider a reasonable and customary price to be $40 and your out-of-network coverage pays 70%, they will reimburse you $28. However, if they find it reasonable to allow $60 and pay 70%, most plans will reimburse $42. **Please ask the agent you are speaking with to confirm their process is accurate with your specific plan.**

If your policy requires a prescription from your PCP you must obtain one to send in with the claim. Each time you receive an updated prescription you'll need to include it will the claim. This is typically not necessary in Arizona.

- If your policy requires pre-authorization or a referral on file and the insurance company doesn't have one listed yet, you'll need to call the referral coordinator at your PCP's office. Ask them to file a referral for your physical therapy treatment that is dated to cover your first physical therapy visit. Be aware that referrals and pre-authorizations have an expiration date and some set a visit limit. If you are approaching the expiration date or visit limit you'll need the referral coordinator to submit a request for more treatment.