

## Worksheet: Health Insurance Coverage of Children's Therapy Services

You can use this tool to help when you call your health insurance company to find out about therapies and early intervention service coverage for your child. If your child has secondary insurance coverage, you can fill a form out for each company.

Have the following information on hand when you call:

Name of Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Claims Address: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Plan/Group #: \_\_\_\_\_ Effective Date of Policy: \_\_\_\_\_

### Basics to write down when you call:

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Date and time of call: \_\_\_\_\_ Name of person you talk to: \_\_\_\_\_

You can say something like *"I'm calling to get clarification of my benefits and coverage."*

*"My child needs \_\_\_\_\_"* (fill in the blank with what your child needs: i.e., neurodevelopmental services, early intervention services, physical therapy, occupational therapy, speech and language therapy, hearing services, etc.)

*"I'd like to talk with someone who has a clear understanding of my insurance policy's coverage of neuro-developmental services for my child and of the rules for coverage."*

If the person says they can help you, you can start with them. You can ask to talk with their supervisor if you don't think they have the information you need.

### Questions about providers covered by your insurance:

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*"First I'd like to know if \_\_\_\_\_ (fill in name of therapist or early intervention provider you want) is in my network as a participating provider?"*  Yes  No

If No, ask: *"Does my policy allow me to choose my own therapist?"*  Yes  No

*"Can I go outside of my network or provider list?"*  Yes  No

If Yes, ask: *Is my coverage different if I go outside of the network/provider list?*  Yes  No

If Yes, ask: *"Can you please explain the difference between coverage of an out of network provider and coverage of an in network provider?"*

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*"Will I be billed for an out of network provider?"*  Yes  No

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### Questions about co-pays and deductibles:

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"What is my co-pay?" \_\_\_\_\_% of cost, or \$ \_\_\_\_\_ / session

"Is the co-pay per day, or per each therapy session?" (For example, if your child sees two different therapists, like OT and Speech, in one day, do you pay \$15 per therapy, for a total of \$30, or do you pay \$15 per day regardless of the number of therapists seen in one day?)

"What is my deductible per individual: \$ \_\_\_\_\_; and per the whole family: \$ \_\_\_\_\_?"

"Is the deductible per calendar year?"  Yes  No If no, month deductible begins: \_\_\_\_\_

"Has any deductible been met for this year?"  Yes  No

"If yes, how much has been met?" \$ \_\_\_\_\_

"What are the dates for my benefit year?" \_\_\_\_\_ to \_\_\_\_\_

"What is my maximum out of pocket expense?" \$ \_\_\_\_\_

### Questions about therapy coverage:

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"Does my policy have an exclusion clause about covering therapy, such as 'therapy will only be covered if the deficit is due to accident, illness or injury'?"  Yes  No

If yes, "What is the clause?" \_\_\_\_\_

"How many visits are allowed per therapy, per year?"

Occupational Therapy (OT) \_\_\_\_\_; Physical Therapy (PT) \_\_\_\_\_; Speech Therapy \_\_\_\_\_

"Have any visits been used to date?"  Yes  No If yes, how many? \_\_\_\_\_

"Is ABA covered under my plan?"  Yes  No

"Is pre-authorization from my Primary Care Provider (PCP) needed for OT, PT, Speech Therapy or ABA?"  Yes  No

If yes, ask "What do you need in order to preauthorize these services?" (i.e., medical records, prescription, evaluation, letter of medical necessity, etc.)

"How many sessions are covered by an authorization?" \_\_\_\_\_

"What period of time will the authorization cover?" \_\_\_\_\_

"Can we get more visits approved once we have used up the visits?"  Yes  No