



Autism – OT/SLP Insurance Verification Form

Prior to your initial therapy visit, the following form must be completed with information provided by your insurance company. You may also download it and upload the completed form to your patient portal, or fax to 734-527-5981. If you are comfortable emailing protected health information, you may choose to email the completed form to info@arborautismcenters.com. By doing so, you acknowledge you are sending PHI using an unsecure method which may compromise the confidentiality of the information being sent.

Calling the insurance company to verify what services are covered for Autism Spectrum Disorder will guide the next steps for your child (and help prevent unnecessary evaluations or testing). Insurance plans vary a lot, even within the same insurance company, and it is not uncommon to speak with an insurance representative who mistakenly gives you incorrect information. If you are a parent new to understanding your benefits and what is covered, this misinformation could keep you from getting the services your child qualifies for. These suggestions will help you best direct the call representative to the autism portion of your plan and document the call.

First, have the following pages ready to write down your information, then call the number on your insurance card. Tell them that your child has an autism diagnosis, and you would like to know, “Is there a limit to speech therapy/occupational therapy/physical therapy sessions if my child has an autism diagnosis?” Tell them you are aware that these services have a different level of coverage when a child has an autism diagnosis and that you would like them to first check what is covered under the autism section of your plan. For some plans, this may be found under Behavioral Health.

After the representative answers your questions on the following form, repeat the answer back for clarification. For example, “So with an autism diagnosis, there is no limit to speech therapy visits, correct?” Write down this information on the following page and repeat again what you have written down. After confirming all the needed information, ask for the reference number of your call. This will ensure that you and the insurance company representative have a record of your conversation. If you run into problems with billing, the call reference number can be very helpful.



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Patient Name _____ Date of Birth _____

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Please be aware that it is also the responsibility of the patient's parent/guardian to inform Arbor Autism Centers via the patient portal of future changes in insurance providers/benefits. Failure to update insurance coverage information may result in denial of services.

All patients will be responsible for charges that are not covered by insurance.

BCBS and BCN: Arbor Autism Centers is a Tier 2 provider for OT & SLP, your deductible may apply.

Please complete:

Date of call: _____ Time of call: _____

Name of the insurance representative with whom you spoke: _____

Deductible: _____ Maximum Out of Pocket: _____

Reference number for the call: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Then, please ask and record the answers to all the questions on the next page.



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Please ask the insurance representative to check the following Occupational and Speech Therapy procedure codes for coverage if billed under diagnosis code F84.0 Autism and mark as yes or no.

Please stress the diagnosis code (F84.0). The representative may have to look under your autism specific benefits or rider. It is **unusual** for prior authorization to be required or visits to be limited, especially for Michigan-based plans.

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|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 92523 SLP Therapy Evaluation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 92507 SLP Therapy |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 92508 SLP Group Therapy | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 97166 OT Evaluation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 97110 OT Exercises |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 97530 OT Therapy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 97535 OT Daily Living Activities |

Please ask and record the answers to all questions below:

Is prior authorization required for OT or SLP billed as diagnosis **F84.0 Autism**?

Yes No

Is there a visit limit for therapies if billed as diagnosis code **F84.0 Autism**?

Yes No If yes, #of visits allowed: _____

Do multiple therapy appointments (SLP and OT) on the same day count as one visit?

Yes No

Do multiple procedures (ex: 97530 and 97535) on the same day count as one visit?

Yes No

Are virtual SLP and OT visits covered?

Yes No

Does the deductible apply to SLP and OT?

Yes No

Is there a copay or co-insurance after meeting deductible?

Yes No If yes, copay/co-ins: _____

Are there limitations to this coverage?

Yes No

If so, what are they?