



### Feeding 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](mailto: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.**

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 complete the page with the information provided by the insurance representative.



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Please ask the insurance representative to check the following diagnostic codes for coverage:

Yes  No F84.0 Autism

Yes  No R63.3 Feeding Difficulties  Yes  No R63.31 Pediatric Feeding Disorder - Acute

Yes  No R62.51 Failure to Thrive  Yes  No R63.32 Pediatric Feeding Disorder - Chronic

Please ask the insurance representative to check the following Feeding Therapy procedure codes for coverage and insurance referral / prior authorization requirements:

Yes  No 92610 Evaluate Swallow Function  Yes  No Is ins referral required for 92610?

Yes  No Is prior auth required for 92610?

Yes  No 92526 Oral Function Therapy  Yes  No Is ins referral required for 92526?

Yes  No Is prior auth required for 92526?

Is there a visit limit for feeding therapy?

Yes  No If yes, #of visits allowed: \_\_\_\_\_

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

Yes  No

Do multiple procedures (ex: 92526 and 92507) on the same day count as one visit?

Yes  No

Are virtual feeding therapy visits covered?

Yes  No

Does the deductible apply to feeding therapy visits?

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?