



Insurance Verification Form - Feeding

To start therapy, this form must be completed and delivered or faxed to 734-527-5981. If you are comfortable emailing protected health information insecurely, you may choose to email the completed form to info@arborautismcenters.com. If your child has autism, continue reading. If not, you can jump to page 2.

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 negotiating your benefits and understanding 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 page ready to copy down your information, then call the number on the insurance card. Tell them if your child has an autism diagnosis. Ask them, **“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.

Be sure that feeding therapy completed by a speech therapist is covered under the autism benefit. Specifically ask, **“Does the procedure code 62526 completed by a speech therapist under diagnosis F84.0 get processed as an unlimited autism benefit or a medical benefit with limits.”** There are a lot of processing errors in which this code is processed as a medical procedure rather than therapy. If they insist it is processed as medical, please ask them to direct you to the specific plan documents with this information along with the specific plan documents for your autism benefits.

After the representative answers your questions, 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.

Feeding Insurance Verification Form

PATIENT NAME: _____

Prior to your initial therapy visit, you will need to contact your insurance provider to verify coverage for services, complete this form, and deliver or fax it to 734-527-5981. If you are comfortable emailing protected health information, you may choose to email the completed form to info@arborautismcenters.com. Therapy sessions can be billed at costs over \$300 per session and you may be responsible for up to that amount until your deductible is met. It is important that you are aware of any potential costs you may incur.

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 feeding therapy.

Date and time of call: _____

Name of the insurance representative with whom you spoke: _____

The representative will ask for the following information. Be sure to check the box of the appropriate diagnosis:

Diagnosis code(s): **F84.0** Autism or one of the following if no Autism diagnosis:
 R63.3 Feeding difficulties, **R62.51** Failure to thrive, **R63.31** Pediatric feeding disorder-acute, **R63.32** Pediatric feeding disorder-chronic

Procedure codes: **92610** Feeding Evaluation & **92526** Feeding Therapy

Is prior authorization required if billed with diagnosis code F84.0 Autism? Yes/No

Is there a visit limit for therapy if billed with diagnosis code F84.0 Autism??

If yes, number of visits allowed: _____

Do multiple therapies/procedures (ex: 92507 & 92526) on the same day count as one visit: Yes/No

Are virtual visits covered? Yes/No

Deductible: _____ Copay: _____

Are there limitations to this coverage? If so, what are they?

Reference number for the call: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____