

## Insurance Benefits Verification Guide:

We strongly recommend for every family receiving services at BOOST Kids to do a thorough verification of your specific insurance policy's benefits. We will submit claims to your insurance provider on your behalf, however it is ultimately the responsibility of the policy holder to understand their eligibility and benefits for services rendered at our facility and pay for any uncovered services, payments toward plan deductibles, co-insurances, and co-payments.

We have created an Insurance Verification Of Benefits guide to assist you with asking your insurance the "right questions" to better understand your insurance coverage available.

**\*\*Any services rendered at BOOST Kids that are not covered by your child's insurance plan, will be the responsibility of the "responsible party"\*\*\*** We do not verify insurance eligibility on a daily or weekly basis. If your child receives services on a date or multiple dates when they do not have active insurance coverage, the "responsible party" will be responsible for all charges at our private pay rates.

### Insurance Information That Is Needed Prior To You Making Your Insurance Verification Call:

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Diagnosis code: \_\_\_\_\_

Primary Insurance Carrier: \_\_\_\_\_ Ph# \_\_\_\_\_

Name of Policy holder: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SS# \_\_\_\_\_

Insurance ID# \_\_\_\_\_ Group# \_\_\_\_\_

### Important Information To Keep In Mind:

Verification of benefits is not a guarantee of coverage or payment. As you speak with an insurance representative, it is important to understand that many representatives can make mistakes and it is beneficial to get their name and contact info when possible. The phone calls are being recorded, and any reference numbers for the verification of benefits is extremely helpful. One of the most important things to keep in mind is that just because a policy has an Occupational Therapy or Speech Therapy benefit does not mean that the service is automatically covered. Please utilize our questions below to get a thorough understanding of your policies coverage.

### What To Say When Calling Insurance:

*I am calling to verify **in-network benefits** coverage for my child: \_\_\_\_\_ for the benefit of **Occupational Therapy or Speech Therapy** in an "**office setting**" utilizing the following codes:*

Procedure Codes May Include Any Of The Following:

#### **Occupational Therapy Codes:**

- 97165 (Occupational Therapy Evaluation)
- 97168 (Occupational Therapy Re-Evaluation)
- 97530 (Therapeutic Activities)
- 97110 (Therapeutic Exercises)
- 97112 (Neuromuscular Re-education)
- 92526 (Treatment of swallowing and oral motor for feeding)
- 97533 (Sensory Integration Techniques)
- 96112 (Extended developmental testing - including written analysis of scores)

#### **Speech Therapy Codes:**

- 92523 (evaluation of speech sound production + evaluation of language comprehension and expression)
- 92521 (evaluation of speech fluency)
- 92507 (treatment of speech, language, voice, communication, and/or auditory processing disorder)
- 92526 (treatment of swallowing dysfunction and/or oral function for feeding)
- 96112 (extended developmental test administration - including written analysis of scores)

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## Questions:

1. What is the effective date of my policy? \_\_\_\_\_
2. Is the policy based on a “calendar year” benefit or “policy year” benefit? \_\_\_\_\_
3. Does my insurance coverage include in-network benefits for Occupational Therapy and/or Speech Therapy services based on codes named above? Yes No
4. Is in-network coverage related to Occupational Therapy and/or Speech Therapy subject to an in-network deductible? **Yes No**
5. If yes, what is the in-network deductible? Indv. \$ \_\_\_\_\_ Family \$ \_\_\_\_\_
6. How much of the in-network deductible have I satisfied? Indv. \$ \_\_\_\_\_ Family \$ \_\_\_\_\_
7. What is the in-network out-of-pocket max? Indv. \$ \_\_\_\_\_ Family \$ \_\_\_\_\_
8. How much of the in-network out-of-pocket max have I satisfied?  
Indv. \$ \_\_\_\_\_ Family \$ \_\_\_\_\_
9. Is Pre-Authorization required for any of the codes that I presented?

### Occupational Therapy Codes:

- |  |     |    |
|--|-----|----|
| ● 97165 (Occupational Therapy Evaluation)                    | Yes | No |
| ● 97168 (Occupational Therapy Re-Evaluation)                 | Yes | No |
| ● 97530 (Therapeutic Activities)                             | Yes | No |
| ● 97110 (Therapeutic Exercises)                              | Yes | No |
| ● 97112 (Neuromuscular Re-education)                         | Yes | No |
| ● 92526 (Treatment of swallowing and oral motor for feeding) | Yes | No |
| ● 97533 (Sensory Integration Techniques)                     | Yes | No |
| ● 96112 (Extended developmental test administration)         | Yes | No |

10. Is Pre-Authorization required for any of the codes that I presented?

### Speech Therapy Codes:

- 92523 (evaluation of speech sound production with evaluation of language comprehension and expression)
- 92521 (evaluation of speech fluency)
- 92507 (treatment of speech, language, voice, communication, and/or auditory processing disorder)
- 92526 (treatment of swallowing dysfunction and/or oral function for feeding)
- 96112 (extended developmental test administration - including written analysis of scores)

11. Do Occupational Therapy visits going towards the in-network deductible, count towards treatment max?  
**Yes No**

12. Do Speech Therapy visits going towards the in-network deductible, count towards treatment max?  
**Yes No**

13. Are Occupational Therapy and Speech Therapy visits reimbursed if they occur on the same treatment day?  
**Yes No**

*(Please be advised that some insurance companies don't cover more than one discipline in a day. Please confirm if you are planning on receiving both services.)*

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- 14. Once the in-network deductible is satisfied, what is the % covered by my insurance, if covered as “co-insurance” benefit? 50% coverage\_\_\_\_ 60% coverage\_\_\_\_ 70% coverage\_\_\_\_ 80% coverage\_\_\_\_ Other\_\_\_\_\_
- 15. If the in-network benefit is via “co-pay” instead of “co-insurance” for Occupational Therapy or Speech Therapy coverage, what is the in-network “co-pay” for Occupational Therapy and or Speech Therapy services?  
\$ \_\_\_\_\_ / appointment \_\_\_\_\_
- 16. What is the treatment max (visit limit) for Occupational Therapy? \_\_\_\_\_
- 17. What is the treatment max (visit limit) for Speech Therapy? \_\_\_\_\_
- 18. Is the Occupational Therapy and Speech Therapy benefit a “shared benefit” (example 20 total visits between OT and SLP services)? **Yes No** Notes: \_\_\_\_\_
- 19. How many OT and ST visits have been used in the current benefit period? OT:\_\_\_\_\_ ST: \_\_\_\_\_
- 20. Can more visits be approved? **Yes No** \*If yes, how do we get more visits:  
\_\_\_\_\_
- 21. Is a doctor’s prescription “doctor’s order or recommendation” required? **Yes No**
- 22. Any non-covered pre-existing conditions as it relates to the Occupational Therapy benefit? **Yes No**  
If yes, please explain: \_\_\_\_\_
- 23. Any non-covered pre-existing conditions as it relates to the Speech Therapy benefit? **Yes No**  
If yes, please explain: \_\_\_\_\_
- 24. Are there any exclusions listed on the “Evidence of Coverage” for Occupational Therapy or for Speech Therapy?  
**Yes No** If yes, please provide exclusions: \_\_\_\_\_
- 25. Utilization Management Contact Info: \_\_\_\_\_

Additional Verification Of Benefits Notes:	
Reference Information	
Boost Kids Organization NPI: 1457862096 EIN/Tax ID: 82-1846575	