

Guide for Seeking Reimbursement for Telehealth:

Telehealth is defined as occurring via: live synchronous video stream on a two-way, HIPAA-compliant, audio and visual technology platform

1. Call the toll free number for customer service on your insurance card. If available, select the option that will allow you to speak with a customer service agent, not an automated system.
 1. Be sure the customer service agent understands you are seeing a **non-preferred/out-of-network** physical therapist via direct access (no MD referral) or for whom you have a doctor's referral.
2. Ask the customer service agent the following questions to determine your **out-of-network** benefits:
 1. What are my physical therapy or rehabilitation benefits in general? (This can include some or all of the following: physical therapy, occupational therapy and speech therapy).
 2. Does my policy cover treatment by an **out-of-network physical therapist for telehealth** evaluation and treatment?
 1. If yes.
 1. Will I be able to submit for reimbursement if I pay out-of-pocket?
 2. In order to seek reimbursement, do I need a written prescription from a physician, nurse practitioner or physician's assistant for out-of-network outpatient physical therapy?
 3. Do I need prior authorization or a referral on file for outpatient physical therapy?
 4. Does the invoice from the physical therapist need to include any special codes or modifiers for telehealth (such as POS 02 and Modifier 95)?
 5. Do I have a deductible?
 1. If so, how much is it?
 2. How much is already met?
 6. Does my policy have a dollar or visit limit per year?
 7. What is the percentage of reimbursement?
 8. Does the rate of reimbursement change because I'm seeing an out-of-network provider? Or because services are performed via telehealth?
 9. Do you require a special form to be filled out in order to submit a claim?
 1. What paperwork do I need to include with the claim?
 10. What is the mailing address or online website where I can submit the claim?
 2. If no. your policy does not cover out-of-network physical therapy for telehealth services then confirm that you will not be able to be reimbursed for any out-of-pocket payments you make.

What does this information mean?

- Insurance companies have varying coverage for telehealth and it is up to you to determine the coverage by your policy.
- If your policy requires a written prescription or referral from your PCP, any specialist physician, nurse practitioner or physician's assistant, you must obtain one to send in with the claim. Please also send a copy to Laura at Well Woman Physical Therapy, PC for your records.
- If your policy requires pre-authorization or a referral on file and the insurance company does not have one listed yet, you will need to call the referral coordinator at your physician's office. Ask them to file a referral for your physical therapy treatment that is dated to cover your first physical therapy visit. Be aware that referrals and pre-authorizations often have an expiration date and some set a visit limit. If you are approaching the expiration date or visit limit you will need the referral coordinator to submit a request for more treatment.
- In regards to telehealth, some insurance companies require that the billing invoice furnish specific codes that designate the services as telehealth.
- If you have a deductible, this amount usually must be satisfied before the insurance company will pay for therapy treatment.
- The reimbursement percentage is usually based on your insurance company's established "reasonable and customary price" for the services rendered.

This worksheet was created solely to assist you in obtaining information regarding possible reimbursement for out-of-network physical therapy services and is not a guarantee of reimbursement to you by your insurance carrier.