

Pediatric Physical & Occupational Therapy Services, LLC

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Information for Referral and Contacting Insurance for Occupational Therapy in Washington State

Washington State law RCW 48.44.450 mandates that employer-sponsored group insurance plans include benefits for Neurodevelopmental Therapy (Occupational, Physical and Speech Therapy) for covered *children age six years and under*.

Although Neurodevelopmental therapy benefits are mandated in Washington State, benefits for Neurodevelopmental Therapy must be medically necessary services as determined by the insurance companies. Therefore proof of medical necessity is frequently requested when claims are processed and a written prescription/referral from a physician is the most accepted way to establish the medical necessity for Occupational Therapy.

- Neurodevelopmental benefits can be limited by dollar amount or number of visits per benefit year. The limitations will vary based on the specific company and plan. If your child is 6 years or under we suggest that you contact your insurance to verify your benefits for Neurodevelopmental Therapy.

Washington State RCW 48.44.450 *applies only to employer-sponsored group medical plans originating in Washington State*. The WA State mandate does not apply to individual or self-insured medical plans. Most individual plans *exclude* benefits for Neurodevelopmental Therapy. Self-insured and individual plans are not bound by the WA State mandate but have the option to cover or deny benefits for Neurodevelopmental therapy. It is important to verify if your insurance is a group sponsored plan, a self-funded or an individual plan. This information will help clarify if the WA State Mandate applies to your benefits. Other states in the USA may have mandates similar to the Washington State Mandate that require benefits for Neurodevelopmental Therapy. If you have an insurance plan that is written in a state other than Washington it is important to verify that state's laws regarding Neurodevelopmental Therapy. If the plan originates in a state that mandates benefits for Neurodevelopmental Therapy then that information will be important in the determination of your benefits.

Some insurance companies have been involved in class action suits and are no longer allowed to cut-off developmental OT services at the age of 7 years. If your child is 7 years or over; we suggest you ask your insurance if they cover developmental therapy for children 7 years and over and if the plan has any limitations on the number of visits covered per benefit year.

We do not employ full time staff to verify insurance coverage and benefits. We rely on parents to contact their insurance plans to become familiar with benefits, plan limitations and any requirements for prior-authorization. If preauthorization is required it is very important you complete the necessary requirements or notify us immediately if we are required to provide

information. If preauthorization is required and not obtained claims would be denied. We are unable to track the number of visits provided relative to the number of visits approved on authorization or allowed per benefit year. We rely on you to keep track of visits used. If additional visits need to be requested please notify us approximately 1 month prior to the date the visits will expire to allow us time to prepare records for insurance to request additional visits.

When you contact insurance we suggest you verify our contract with your plan. The most effective way to identify our practice is with our Tax ID Number: 42-1613982 (Pediatric PT & OT Services.) To obtain an accurate benefit quote please provide the following information: the CPT or procedure code 97530 for Therapeutic Activity (provided by a licensed Occupational Therapist.) We submit claims using the diagnosis provided by the physician on the referral. We suggest you provide the diagnosis that will be submitted to insurance when you call to verify benefits. The diagnosis code is necessary for insurance to verify if services will be covered. All covered services must be medical necessary and this is typically determined by the diagnosis.

A physician's referral is frequently requested by insurance as claims are processed. We recommend you request a written referral from your child's physician and provide the following details that are requested by insurance on the referral:

- The name of the provider that the physician is referring to (Pediatric PT & OT Services.)
The type of service being recommended or Occupational Therapy – *it's important the doctor does not write the referral for a specific treatment modality, such as sensory integration therapy. Our therapists provide Occupational Therapy based on each child's individual needs.* The referral should include the diagnosis (reason) for Occupational Therapy. The referral *should also include the* frequency and the duration recommended. We suggest the following verbiage "frequency and duration as recommended by the Occupational Therapist" This leaves the referral open for the Occupational Therapist to determine how often your child receives therapy and when it is recommended to discharge from therapy.

Based on our experience Occupational Therapy (or neurodevelopmental therapy) may not be covered by insurance for children 7 years and over – If your child is 7 years or over, we suggest that you verify *if Occupational Therapy is covered for your child's age and diagnosis. If developmental therapy is not covered by your insurance plan for children 7 years and over then OT usually OT falls under rehabilitation services which requires a rehabilitation diagnosis; typically an illness with a date of onset or injury including the date of injury. When OT is paid under rehabilitation benefits then insurance requires a diagnosis that caused a loss of function and the need for therapy to restore function to what it was before the illness or injury. Frequently there is not a specific illness or injury and therefore Pediatric OT is often not considered to be medically necessary under rehabilitation.*