180 Jackson Plaza • Ann Arbor, MI 48103 • tel: (734) 769 - 0505 • fax: (734) 769 - 0797

Understanding Your Insurance Plan

Clients are responsible for understanding their health insurance plan, its benefits, and any costs they will be responsible for. We strongly suggest that you call the phone number on the back of your insurance card and speak with an insurance representative directly. Below are questions that may be helpful in understanding how your insurance plan works with our services.

If you would like to review commonly words/phrases used by health insurance companies a cheat sheet is available on the next page

** ***BEFORE ENDING THE PHONE CALL Be sure to ask for a call reference number*** **
(or the representatives name and note the time of the phone call)l

- **What is my deductible? Have I met my deductible?**
- **What is my max out-of-pocket amount? What amount is it currently (how much has been spent so far)?**
- **What are my in-network benefits for ABA services?**
- **What are my in-network benefits for Speech/Occupational Therapy evaluation and treatment?**
- **Are these services covered with this diagnosis?** *(provide diagnosis code(s) listed on first page)*
    - Follow-up, if no: Are there any other diagnoses excluded that I should be aware of?
- **What is the annual limit for these services?**
- **How many therapy visits are covered per year? Is this a combined benefit between occupational, speech, and physical therapy?**
- **What is my co-pay or co-insurance for these services from an in-network provider?**
    - *(Spectrum Therapy Center is an in-network provider for ABA Therapy with BlueCross BlueShield, Blue Care Network, United Healthcare, and HAP)*
    - *(Spectrum Therapy Center is an in-network provider for Speech/Occupational Therapy with BlueCross BlueShield, Blue Care Network, United Healthcare, and Priority Health)*
- **Are there any other benefits, clauses, or mandates specific to autism in my plan?**

If your child is scheduled to receive speech and occupational therapy on the same day or if you think they may be in the future, we recommend asking the questions below.

- **If my child receives speech and occupational therapy on the same day does it count as one visit or two?**
- **If my child receives speech and occupational therapy on the same day will I have one co-pay/co-insurance or two?**

Please be aware that we cannot guarantee payment by your insurance company based on what information is given to us. We strongly suggest that clients confirm this information on their own by calling the customer service phone number on the back of their insurance card and speaking directly with a representative. Clients are responsible for payment in full of all deductibles, coinsurance, copays and rejected services not reimbursed by their insurance company. Our office sends out billing statements twice a month showing your balance due. *Please be aware that neither a doctor's referral, nor an insurance company authorization, is a guarantee of insurance company coverage of services.* **Clients are fully responsible for any/all payments that are rejected or refused by their insurance company for any reason, including mistaken/incorrect information given by the insurance company, its employees, or its representatives.** *It will not be the responsibility of Spectrum Therapy Center to enter into negotiations or disputes with insurance companies regarding rejected claims. The client is responsible for payment of services, and may enter into negotiations or disputes at their own discretion.*

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Frequently Used Insurance Terms (source: heathcare.gov)

- **Deductible** - The amount you pay for covered health care services before your insurance plan starts to pay.
  - For Example: If you have a $2,000 deductible, you would pay the first $2000 of all your medical costs (even if they are covered services).
  - Some plans pay for certain services (like a check-up) and prescription drugs before you have reached your deductible.
  - Family insurance plans often have separate deductibles for the individuals (for each family member) and family (for all family members together).

- **Coinsurance** - the percentage of costs of a covered health care service you pay after you've paid your deductible.
  - For Example: You have a medical appointment that costs $150, and your coinsurance is %20.
    - If you have paid your deductible, you only pay %20 of the $150. So you pay $30 and your insurance company pays the rest.
    - If you have NOT paid your deductible, you only pay the full amount, $150.

- **Copayment (Co-pay)** - a fixed amount you pay for a covered health care service after you have paid your deductible.

- **Out-of-Pocket Maximum/Limit** - The maximum amount you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.
  - Just as with deductibles, family insurance plans often have separate out-of-pocket maximums for the individuals (for each family member) and family (for all family members together).

- **Allowed Amount** (sometimes referred to as *eligible expense* or *negotiated rate*) - the maximum payment a health insurance plan will pay for a covered healthcare service. If your provider charges more for a service than the allowed amount (specific to that service from your health insurance plan you will be responsible for the difference.

- **Provider** - An individual or facility that provides health care services. Spectrum Therapy Center is considered a provider.
  - For example: A doctor, nurse, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center.

- **Referral** - A written order from your primary physician/pediatrician for you to see a specialist or to get certain health care services. Many HMOs require you get a referral from your primary physician/pediatrician before you can get services from another health care provider. If you don't get a referral before visiting a specialist or receiving treatment, insurance companies typically do not pay for the visit/service.
  - Think of the referral as your primary physician/pediatrician documenting that the visit/service is medically necessary to the insurance company.

- **Procedure Code** (also called *CPT*, which stands for *current procedure terminology*) - numeric or alphanumeric code that signifies a specific medical intervention or service rendered from a healthcare provider.. When speaking with an insurance representative you may use the name of the service(s) to check your benefits, but it is also a good idea to provide them with its specific Procedure Code listed on the first page.

- **Diagnosis Code** - numeric or alphanumeric code that describes an individual's disease or medical condition. It is common for therapy services to be diagnosis restricted by health insurance plans. This means a therapy service (or procedure code) may only be covered with specific diagnosis codes. Due to diagnosis restrictions it is important to use the exact diagnosis code listed on the first page when checking your insurance plan's benefits.

- **Combined Speech, Occupational, and Physical Therapy Benefits** - Health insurance plans typically cover a specific amount of therapy visits per year. It is not uncommon for the amount of visits covered per year to be shared (or combined) between speech, occupational, and/or physical therapy.
  - For example:A patient is allowed a total of 60 covered annual therapy visits combined between speech, occupational and physical therapy. If the patient receives speech therapy at the start of the week and later that week they receive occupational therapy, the total amount of covered visits is now 58.