



**Medical Sports Women's Health Wellness**  
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## **Reimbursement Questions for Your Insurance Provider**

Call your insurance provider and ask the following questions:

- Let them know that you will be submitting for reimbursement, the healthcare provider does not bill insurance at all.
- What are the out of network benefits? Deductible? Percentage covered after deductible?
- Will my insurance cover the below listed billing codes? Insurance companies may cover some, but may not cover all of the codes. Therapies performed will be based on what the provider will cover. The following billing codes (also known as CPT or procedure codes) may be used:
  - 97140 manual therapy (a common physical therapy code)
  - 97112 neuromuscular re-education (a common physical therapy code)
  - 97124 massage therapy
  - 97010 hot or cold pack
- Insurance companies distinguished between office visits and in-home care. They will ask you where will the service be performed? Answer: All services will be performed by a licensed massage therapist in office.
- How many visits are allowed or is there a dollar amount limit in a year?
- Is a physician's prescription required?
- Is a diagnosis code (also known as an ICD-10 code) required? If yes, then a prescription from a physician is necessary even if the insurance company does not require a prescription. Only a doctor can give a diagnosis code.
- What documentation does the insurance company need from you in order for them to send reimbursement? Insurance companies vary in documentation needed. Some may require any one or a combination of the following:
  - a receipt with billing codes
  - a detailed invoice
  - a therapy note
  - a special form the insurance provider to be downloaded for the therapist to fill out
- How often do documents need to be submitted: after each visit, weekly, or monthly?
- How does the insurance company want documents submitted: mail, email, or fax?
- Where do the documents need to be sent: address, email address, or fax#?