

Out of Network Insurance Reimbursement Guide

At this time, Tiny Transformations is an out-network provider with your insurance company. To assist you with receiving reimbursement for your services, we have created this document to guide you in determining your out-of-network reimbursement benefits. In some cases, the total cost of the evaluation and/or therapy session is reimbursed, so we recommend going through the steps below to understand your plan's benefits. Knowing your out-of-network insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. As we do not bill your insurance for you or receive any reimbursement from your insurance company, payment in full is due at each visit. Your insurance company will directly reimburse you for any covered services.

HOW TO CHECK YOUR OUT-OF-NETWORK COVERAGE AND BENEFITS:

1

PLAN TO HAVE 15-30 MINUTES OF YOUR TIME AVAILABLE TO CALL YOUR INSURANCE COMPANY. **MAKE SURE TO HAVE THIS INFORMATION READY BEFORE YOUR CALL:**

- Insurance card
- Name, date of birth, address, phone number, or possibly social security number of the cardholder or person for whom the services are for
- Pen and paper/notepad

2

THE REPRESENTATIVE OF YOUR INSURANCE CARRIER MAY ASK FOR THE FOLLOWING INFORMATION:

- Therapy Company Name: Tiny Transformations
- Tax ID (EIN): 47-5017553
- NPI: Dependent on treating therapist
- Phone: (516)721-4174
- Email: Dependent on treating therapist

3

INFORMATION TO DOCUMENT DURING THE CALL:

- Name of Customer Service Representative
- Date of call
- Time of call

4

QUESTIONS TO ASK:

- Does your plan include "out-of-network" coverage for occupational and physical therapy?
- Is there an annual deductible for out-of-network occupational and physical therapy?
 - If so, how much?
- How much of my out-of-network deductible has been met?
- Is there a limit on the number of sessions your plan will cover per year?
 - If Yes, How many?
- Is there a limit on out-of-pocket expenses per year?
- What is your coinsurance percentage for occupational or physical therapy?
- Does your plan require pre-authorization for occupational or physical therapy?
- Does your plan require a referral for occupational or physical therapy?
- What is the policy year (i.e., Jan 1 – Dec 31)?
- Can I submit a Superbill? If so, what is the process for filing a claim with a Superbill?
- What additional forms do I need to submit when filing my claim?
- What CPT codes do you cover for speech therapy?
- Can I file my claim online, or do I need to mail/fax it to you?
- Do claims need to be filed within a specific timeframe following the service?
- How long does it take to process my claim?
- How do I appeal if a claim is denied?

5

TYPICAL OT & PT EVALUATION & THERAPY CODES:

- 97165: Occupational Therapy Evaluation: Low Complexity
- 97161: Physical Therapy Evaluation: Low Complexity
- 97530: Therapeutic Activities for Functional Performance
- 97110: Therapeutic Exercises
- 97112: Neuromuscular Therapy
- 97129 Executive Functioning
- 97116: Gait

How to Access your Superbill from Simple Practice:



VIEWING YOUR BILLING HISTORY AND DOCUMENTS

1

After logging into the Client Portal, click Billing & Payments to see your billing page. This page provides you with an overview of your recent payment history and access to your billing documents.

2

You'll see three sections for **Invoices**, **Statements**, and **Insurance Reimbursement Statements** (superbills).

3

At the very bottom there's a section for **Account History** that shows your most recent sessions and payments.

4

Adjust the date range to display whichever sessions you'd like by clicking the calendar icon.

****IF YOUR INSURANCE COMPANY REQUESTS SEPARATE PT AND OT SUPER BILLS PLEASE REACH OUT TO YOUR REGION DIRECTOR.*

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