

What to say when you contact your insurance company

When you call your insurance company it is important that you ask the right questions and use the correct terminology. As you know, even though neuro visual rehabilitation therapy(vision therapy) has been around for over 70 years, it is a specialty service and details for insurance coverage may not be clearly specified.

Asking specific questions, using their language, helps eliminate some of the confusion. Insurance companies work with codes. Procedure codes for treatment the doctor is prescribing for this patient are:

Comprehensive Binocular Vision Evaluation(fees based on age & complexity)

_____99205 Evaluation & Management - Level 5
_____99204 Evaluation & Management - Level 4
_____99214 Evaluation & Management - Level 4
_____99213 Evaluation & Management - Level 3
_____92060 Sensorimotor Examination
_____92015 Refraction
_____96110/96116 Neurobehavioral Status Examination

After the initial examination(s), you may then supply your insurance with the diagnosis codes associated with the above procedure codes.

Neuro Visual Rehabilitation/Habilitation Therapy

_____97110 Therapeutic activities
_____97530 Therapeutic exercises
_____99070 Medical Supplies - dispensed by the doctor

Please read over the questions below for you Major Medical insurance company and let us know if you need clarification on anything **before** you call your insurance company.

1. I would like to verify benefits for my son/daughter/self. The doctor is not a provider*, so I'll need out of network benefits for the procedure codes.... NOTE: If they mention occupational therapy in reference to the therapy codes, you say, "Yes, the neuro rehabilitation codes."
2. Are these codes covered for the following diagnoses? Then list the diagnoses provided to you following the initial visit.
3. What is the maximum reimbursement for these services? You may need to provide our charges to them.
4. Are there any restrictions or limits to the number of visits the patient may have in a day, week or calendar year? Or the length of visit?
5. What documentation do you require for reimbursement processing?

In general, insurance clerks are helpful and more than willing to get you the information you need. However, sometimes you may need to ask to speak with a supervisor for clarification or just to be sure the information you have been given is correct (even then there are no guarantees). Don't be afraid to ask questions especially, if you don't understand the answers you've been given.

* Due to the fact that there is not a medical professional who can provide these services within 60 miles, you may be able to receive reimbursement as in-network. This varies between insurances.