

# Insurance Coverage Cheat Sheet:

## Questions to Ask Your Provider for Out-of-Network Pediatric Occupational Therapy

When calling your insurance provider, use this checklist to ask important questions about your child's coverage for out-of-network occupational therapy services.

### General Information

- ☐ What is my out-of-network deductible, and how much has been met so far?
- ☐ What percentage of services is reimbursed after meeting the deductible?
- ☐ Is there an out-of-pocket maximum for out-of-network services?
- ☐ Are there any exclusions or limitations for occupational therapy services?

### Billing and Reimbursement

- ☐ Do you require a referral or pre-authorization for out-of-network occupational therapy?
- ☐ Do you require a specific diagnosis code (ICD-10) for reimbursement?
- ☐ What is the process for submitting a claim for reimbursement?
- ☐ What documentation is required (e.g., superbill, progress notes, evaluation report)?

### Session Coverage & Limits

- ☐ How many occupational therapy sessions are covered per year?
- ☐ Are there any visit limits, and do they reset annually?
- ☐ Are virtual (telehealth) occupational therapy sessions covered?
- ☐ Are occupational therapy sessions covered if provided in community settings (e.g., parks, schools, or homes)?

### Payment Considerations

- ☐ Do I need to pay the provider upfront and seek reimbursement later?
- ☐ Are there any restrictions on which providers I can see?

## **Next Steps**

- Ask for a reference number for your call and the representative's name for future follow-up.
- Request written confirmation of benefits and coverage details if possible.
- If denied coverage, ask about the appeals process.

Having this information will help you understand your financial responsibilities and maximize potential reimbursement for your child's occupational therapy services. If you need further assistance, consult your provider for support with claims and documentation.

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