



Insurance Worksheet
to Determine Physical Therapy Benefits

1. Call the toll-free number on the back of your insurance card. Select the option that will allow you to speak with a customer service representative.
2. Ask the customer service representative to quote your physical therapy benefits.
3. Make sure the representative understands that you are seeking **physical therapy from a non-preferred/out of network provider**.
4. The representative will provide you with a quote and NOT a guarantee of payment. It's a good idea to write down the name of the person you spoke with: _____

Does your insurance require your physical therapy visits to be pre-authorized? _____

If so, ask what the process is. In many cases the insurance carrier will require a copy of the therapist's initial evaluation and/or a referral from the physician. Be aware that referrals and pre-authorizations have an expiration date and a set number of visits. If you are approaching the visit limit or expiration, please let your therapist know.

Do you have a deductible? If so, how much is it and how much has been met so far?

A deductible must be satisfied before the insurance carrier will pay for treatment.

Do you have a co-insurance amount you are responsible for?

If you have a co-pay, the insurance carrier will subtract that amount from the percentage they will pay. This will affect the amount of reimbursement you will receive.

Is there a dollar or visit limit of therapy visits per year? _____

What is required for reimbursement by my insurance carrier?

Inquire if there are specific physical therapy codes that are NOT COVERED?

Occasionally, the insurance carrier may restrict which codes they will reimburse. Codes we typically bill may include:

97001 (initial evaluation), **97002** (re-evaluation), **97110** (therapeutic exercise), **97140** (manual therapy), **97014** (electrical stimulation), **90901** (biofeedback), **97124** (massage therapy), **97010** (hot or cold packs), **97530** (therapeutic activities)