



Insurance Tips for Families

Your child has been referred for an evaluation and possible therapy. We can assist you in accessing your insurance. The following information may be helpful.

Call your insurance company to:

Determine your benefits and where they may be used.

Questions you may want to ask:

- What are my speech/occupational/physical therapy or aural habilitation benefits?
 - Are there certain criteria that have to be met to take advantage of my benefit?
 - What is excluded under my insurance plan?
 - Is Primary Children's Medical Center a provider on my plan?
 - How does my plan cover an outpatient hospital or outpatient facility visit?
 - Is a referral from my child's doctor required for therapy AND does the insurance company need a copy?
 - o If a referral is required, contact your child's doctor's office and ask them to fax the referral to us and, if needed, to fax a referral to the insurance company.
- PLEASE NOTE:** If your insurance company requires the referral *before your child is evaluated*, and they do not receive it, they may refuse to pay and you may be responsible for payment.
- Is prior authorization or pre-certification needed? If so, ask your child's doctor to obtain pre-authorization.

If your policy has limited or no coverage for therapy services:

- Find out if your employer offers another plan that provides coverage for rehab services.
- Send a letter to your employer about any limitations in your plan and the need for better coverage. Employers decide on insurance benefits as they contract with insurance companies. Your company may not realize the lack of therapy coverage unless you inform them that you were denied coverage. If your Benefits Handbook does not provide clear information about therapy coverage, tell your employer's Benefits Coordinator the details in writing. Group insurance coverage for evaluations and therapy is relatively inexpensive to add to existing policies.

If coverage is denied and you wish to appeal:

- Review the Benefits Handbook from your insurance company so that you know what benefits are covered.
- Call your insurance company to find out how to appeal insurance denials. Ask for a copy of your plan's policy for therapy services and an explanation for the denial in writing. Ask how long the appeals process takes. Write down whom (you spoke with), when (time/date), and what (was said) for all telephone calls. Keep a copy of all letters / faxes between you and the insurance company. Written inquiries will result in written responses.
- Contact your child's physician/s, and therapist to obtain all medical documentation about your child's need for therapy.
- Contact the Benefits Coordinator at your place of employment and provide all documentation of your conversations with the insurance representative and copies of all letters sent and received. Ask your coordinator to contact the insurance company on your behalf to support your appeal.

Additional Considerations:

- **Secondary health insurance:** If you have secondary insurance pursue authorization for therapy with them as well.
- **Medicaid and Children's Health Insurance Program (CHIP):** Contact Intermountain Healthcare's Patient Account Services at (801) 588-2900 to ask about Medicaid and CHIP, or contact these programs directly at (801) 538-6155 or (800) 662-9651.
- **Patient Account Services** at (801) 662-3800 at Primary Children's can help you with concerns about fees or payment of bills.
- **Private Pay and Child Saver's Program:** If you would like to pay privately, we do offer a discount program for therapy treatment paid in advance. If an appeal to your insurance company is successful while on the Child's Saver private-pay program, tell your therapist so your insurance can be billed and any overpayment by you will be refunded.