

Does my insurance plan cover Pediatric Occupational Therapy evaluation and treatment?

2. Does my insurance plan require pre-authorization for Pediatric Occupational Therapy?
3. Does my coverage extend to the services of a non-network Pediatric Occupational Therapist?
4. What is my rate of reimbursement for a non-network Pediatric Occupational Therapy provider?
5. Do I need a referral letter from a licensed medical provider (MD or Physician Assistant), stating OT is medically necessary?
6. Do I need to send the letter from the medical provider to insurance company before seeing the Occupational Therapy provider OR can it be submitted with the first bill?
7. Is a diagnostic code on the claim form required for reimbursement?
8. What is the reimbursement rate for Pediatric Occupational Therapy?
9. Is there a limit on the dollar amount that can be paid out each year for Pediatric Occupational Therapy?
10. How many Occupational Therapy sessions will be covered by my plan per year?

11. If my child needs more treatment, beyond the stated limit per calendar year, what must my provider do?

- 299.00 autism
- 315.4 coordination disorder
- 728.9 disorder of muscle ligament/muscle hypotonicity
- 781.3 motor incoordination
- 781.92 abnormal posture .

**Click Below to Download Insurance Questions form. Thank You!**