PERFORMANCE PHYSICAL THERAPY

# HOW TO CHECK ORTHOTIC COVERAGE

*Information to obtain from your insurance company*

Custom orthotics may be prescribed to address abnormal forces, pain, or deformity affecting the foot and lower extremity. Coverage varies by insurance plan.

**All payments for orthotics are ultimately the responsibility of the patient. Insurance coverage is a contract between you and your insurance company.**

It is your responsibility to confirm whether your plan covers custom foot orthotics and what portion of the charge you may owe. Performance Physical Therapy can provide clinical information requested by your insurer, but cannot guarantee coverage or payment.

| | | | |
|---|---|---|---|
| **Patient name:** | _____ | **Insurance plan:** | _____ |
| **Diagnosis code(s):** | _____ | **Procedure/ HCPCS code(s):** | _____ |

## QUESTIONS TO ASK YOUR INSURANCE COMPANY

| QUESTION | INSURANCE REPRESENTATIVE'S RESPONSE |
|---|---|
| Are custom foot orthotics covered under my plan? | ☐ Yes ☐ No ☐ Only under certain conditions: _____ |
| If covered, how is the benefit paid? | ☐ Percentage: _____% ☐ Specific amount: $_____ ☐ Allowed amount: $_____ |
| Are there exclusions or diagnosis restrictions? | ☐ No ☐ Yes - explain: _____ |
| Must I have diabetes or another qualifying condition? | ☐ No ☐ Yes - condition/criteria: _____ |
| Is prior authorization or precertification required? | ☐ No ☐ Yes Authorization/reference no.: _____ |
| What is required for authorization? | ☐ Clinical letter ☐ Phone call ☐ PCP/referral order ☐ Records ☐ Other: _____ |
| If a letter/order is required, where should it be sent? | Fax: _____ Portal/address: _____ |
| How often are orthotics covered? | ☐ 1 pair/calendar year ☐ 1 pair/12 months ☐ Other: _____ |
| Does the plan limit replacement for loss, damage, or growth? | ☐ No ☐ Yes - explain: _____ |
| Do I have a deductible? | ☐ No ☐ Yes Total: $_____ Met: $_____ Remaining: $_____ |
| After deductible, what will I owe? | ☐ Copay: $_____ ☐ Coinsurance: _____% ☐ Other: _____ |
| Must the provider be in network or an approved DME supplier? | ☐ No ☐ Yes Is Performance PT eligible? ☐ Yes ☐ No ☐ Unable to confirm |
| Is the biomechanical evaluation/casting/scanning billed separately? | ☐ No ☐ Yes Coverage/expected responsibility: _____ |
| May I use HSA/FSA funds for my responsibility? | ☐ Yes ☐ No ☐ Confirm with plan administrator |
| How should a claim be submitted, and who receives payment? | ☐ Electronic ☐ Patient submits Payment to: ☐ Provider ☐ Patient Form: _____ |
| Insurance company: _____ | Representative: _____ |
| Date/time called: _____ | Phone: _____ Call reference no.: _____ |

**Keep this completed form with your records in case the insurer does not follow through on information or payment discussed during the call.**

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# CUSTOM ORTHOTIC COST & PATIENT POLICY

*Pricing, payment, fitting, and adjustment information*

Performance Physical Therapy does not guarantee or independently verify every plan's orthotic benefit. Use the coverage worksheet to contact your insurer directly. A representative's statement is not a guarantee of payment.

## IMPORTANT INFORMATION FOR MEDICARE PATIENTS

Traditional Medicare Part B coverage for custom foot orthotics is limited and may depend on the diagnosis, the device, and whether the supplier meets Medicare requirements. Coverage rules for Medicare Advantage plans may differ from traditional Medicare.

- Ask whether custom orthotics are covered for your diagnosis and whether an approved Medicare-enrolled DME supplier is required.
- Ask whether Performance Physical Therapy may furnish and bill the device under your specific plan.
- Medicare Advantage plans may be administered by companies such as Humana, Aetna, Kaiser, AARP/UnitedHealthcare, or Regence; benefits vary by plan and service area.

**Contact your plan directly before ordering. If the device is not covered, you may choose the cash-payment option described below.**

## ORTHOTIC PRICING

| PAYMENT OPTION | PRICE | TERMS |
|---|---|---|
| **Insurance billing** | **$600** | Performance PT will bill the insurer when applicable. The patient remains responsible for deductible, copay, coinsurance, noncovered amounts, or denied charges, subject to applicable payer contracts and law. |
| **Cash discount** | **$450** | Discounted amount is due within 3 business days of the casting. This will allow you time to contact your insurance company to determine if the devices are covered under your plan. This option is for patients electing cash payment rather than insurance billing for the orthotic package. |

Your orthotic devices will be sent to the laboratory immediately for fabrication. We will delay billing your insurance carrier for three business days to allow you time to verify your orthotic coverage and benefits. Please contact our office promptly once you have obtained this information. Please understand that once a claim has been submitted to your insurance carrier, the cash-discount price will no longer be available. We will bill then insurance after 3 business days.

## THE ORTHOTIC PACKAGE INCLUDES

- The custom orthotic devices.
- The casting or scanning portion of the biomechanical evaluation.
- Fitting and dispensing of the devices, including confirmation that fabrication matches the prescription and intended design.
- Patient education regarding wear schedule, footwear selection, use, care, and gradual accommodation to the devices.
- Any clinically necessary in-house adjustments performed by Performance Physical Therapy during the first 30 days after fitting.

## CHARGES THAT MAY BE SEPARATE

- The clinical examination, full biomechanical evaluation, physical therapy evaluation, treatment, or other services beyond the casting/scanning component, when separately provided or billable.
- Adjustments, modifications, refurbishing, shipping, or laboratory work performed outside Performance Physical Therapy. Outside adjustments may be charged separately.
- Adjustments requested after the initial 30-day in-house adjustment period.
- Replacement devices, additional pairs, or changes requested because of loss, damage, substantial footwear changes, or a change in condition or prescription.

## ORDERING, FITTING, AND PATIENT RESPONSIBILITY

Custom orthotics are fabricated specifically for the patient. Manufacturing time can vary. Performance PT will contact the patient when the devices are ready and will schedule a fitting appointment. However, if more than 2 weeks pass from the date of the Initial Evaluation feel free to contact our office for a progress update.

Insurance authorization or a quoted benefit does not guarantee payment. The patient is responsible for amounts not paid by insurance, consistent with Performance PT's payer agreements and applicable law. Custom-fabricated devices generally cannot be returned simply because insurance denies the claim or the patient no longer wishes to use them. Manufacturing defects or possible remakes will be addressed under the laboratory's applicable policy.

## PATIENT ACKNOWLEDGMENT

I have reviewed the pricing, coverage, payment, fitting, and adjustment information above. I understand that insurance benefits are not guaranteed and that I am responsible for applicable patient balances.

Patient name: _____ Date: _____

Patient/guardian signature: _____ Performance PT representative: _____