



Checking your insurance

There are so many different insurance plans that it is impossible to keep up with all the options. It is your responsibility to check your insurance benefits. You are ultimately responsible for the cost of the therapy provided. Here are some questions to ask you insurance. Please fill in the answers and bring this with you to therapy.

I have in PPO network status with

Medicare

Blue Cross Blue Shield Wellmark (Iowa) and Blue Cross Blue Shield Illinois

United – I have contracts with all types including River Valley and ACN. United is a very large company and it is sometimes difficult to get correct information. If you would like to check my status with United please have them look in the “individual practitioner” section under my full name “Elizabeth Shelly”. In some cases patients have still been told I am not in network when in fact I am a net work provider. Please call me directly if you are unsure.

I bill physical therapy as an office visit. “Point of Service” (POS) benefits indicate that you have out of network coverage. Please be sure to determine whether you will be using in or out of network as the coverage is usually different. Even though my treatments are specialized, the codes used are not different from regular physical therapy codes. Here are some common codes.

Common diagnosis codes (this is not an all inclusive list)

728.2 Muscle weakness (this is the most common code used for pelvic floor muscle weakness often found in urinary and fecal incontinence and organ prolapse)

728.85 Muscle spasm (this the most common code in pain syndromes)

Common treatment codes (this is not an all inclusive list)

97001 PT evaluation

97530 Therapeutic activity

97110 Therapeutic exercise

97112 Neuromuscular re education (the code used for pelvic floor muscle training)

97140 Manual therapy

Name of insurance company _____

Questions to ask

Is physical therapy covered?	Yes	No
Is Beth Shelly PT	In network	Out of network
Do I have a deductible for these services?	Yes	No
How much is remaining?		
When does the deductible start again?		
Is there a co pay for each visit?	Yes	No
How much is the co pay (flat fee \$ amount, %)?		
Is an authorization required?	Yes	No
If necessary, how can authorization be obtained		
Are there any plan limits - \$, # of visits, # of months		