



Occupational Therapy at Speechy Learning Center

This information is in addition to Speechy's General Policies and Procedures.

General Information

Occupational Therapy is the therapeutic use of everyday activities for deficits in gross motor, fine motor, and self-care skill development. The occupational therapy program is planned individually for each child. Sessions are generally scheduled for 45 minutes, although shorter or longer sessions may be indicated for some children. Progress in therapy is assessed informally on an ongoing basis, taking note of changes in the child's skills or responses to therapy activities. Goals are updated every six months. More formal reassessment to measure progress is completed when requested by parents.

Fees

Individual Occupational Therapy Session:

\$160 per 45-minute session

\$110 per 30-minute session

\$190 per 60-minute session

Cancellation/No-Shows:

\$140 fee per 45 minute session

\$95 fee per 30 minute session

\$180 fee per 60 minute session

Evaluation and Written Report:

\$160 for 45 minute evaluation + \$160 per hour for report writing (typically 1-2 hours)

Please see Fees and Services for additional fees, information, and the cancellation policy.

Billing

Occupational Therapy services will be billed on a separate invoice/payment receipt. Invoices will include all necessary insurance information (License #, NPI #, CTP code, ICD-10 code). When processing payments, speech fees and OT fees will be combined. Please notify the office manager if you would like your services to be processed separately.

Insurance

Health Insurance may partially cover Occupational Therapy fees. Clients should consult their benefits administrator to determine coverage and clarify policy requirements. SPEACHY does not bill or accept direct payments from insurance carriers. Please see the following "Tips for Insurance Reimbursement" and "If You Intend to Seek Reimbursement" for additional information.

Procedure Codes

97166 - OT evaluation, moderate complexity

97167 - OT evaluation, high complexity

97168 - OT re-evaluation

97530 - Therapeutic Activities

97535 - Self Care Training

97112 - Neuro-muscular Re-education

97110 - Therapeutic Exercise

Speechy Learning Center

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Tips for Insurance Reimbursement

To facilitate insurance reimbursement to yourself for **outpatient occupational therapy**:

1) Insurance requires a physician referral/prescription, including a diagnosis. Please ask your child's doctor to write a referral for occupational therapy, including your child's diagnosis.

If your child does not have a diagnosis, your doctor might consider ICD-10 codes:

- M62.8 Muscle Weakness,
- G70.2 Congenital and/or Developmental Myasthenia, or
- F82 Specific Developmental Disorder of Motor Function

Currently, there is no "medically" recognized diagnosis for sensory integration deficits/ sensory processing disorders. If your child does not have motor or coordination difficulties and has primarily only sensory issues, a diagnosis your doctor may consider is:

G96.9 Disorder of Central Nervous System, Unspecified

Keep a copy (or original) of the doctor's referral with diagnosis(es). Send a copy to us for our records and to insurance with your first claim.

2) Not all insurance policies cover "out of network, outpatient occupational therapy." You may want to talk to your insurance company about what YOUR POLICY covers. You do not need to provide them with any information other than the insured member number and diagnosis for them to tell you about your policy and your out of network deductible. Ask if pre-authorization is required, how many visits are allowed per calendar year, and what percentage of the fee per session is covered based on usual and customary charges. We also suggest that you check which cpt codes are covered.

3) Be cautious of any wording or information provided to the insurance company. Their interests are **medical**, not educational. Insurance will **not** cover treatment for difficulties in handwriting or school performance, nor will they consider sensory processing a medical issue. Appropriate information and terminology may include information such as low muscle tone, poor coordination, poor stability, frequent falls, limited strength, atypical development (not just delayed), safety risks, poor nutrition, etc. as appropriate for your child. These difficulties are resulting in "deficits" (instead of "delays") in gross motor, fine motor and self-care skill development.

We have provided examples of a medical necessity letter, a referral, and a letter to your physicians for your convenience.



Referral for Occupational Therapy

Dear Physician:

Your patient, _____, is seeking occupational therapy services with us.

Although occupational therapists outside of a hospital are not required to work under a physician's referral, insurance companies often require documentation of a physician's referral for consideration of reimbursement. In order to facilitate processing of insurance claims, a physician's referral with diagnosis is highly recommended.

In the absence of other diagnoses, the following may best describe the difficulties experienced by many of the children seen in our clinic:

M62.81 Muscle Weakness (Generalized),
G70.2 Congenital and/or Developmental Myasthenia, or
F82 Specific Developmental Disorder of Motor Function

If the child has adequate coordination but has suspected sensory issues, some physicians use the diagnosis F93.9 Childhood Emotional Disorder, Unspecified or G96.9 Disorder of Central Nervous System, Unspecified.

Given a release of information, we would be happy to speak with you if there are questions about a diagnosis or our services.

Thank you for your support of this child and family.

~The Speechy Team



Referral for Occupational Therapy

✓ Child's name: _____ ✓ Date of Birth: _____

✓ Occupational therapy for 45 minutes _____ once a week _____ twice a week

✓ Diagnosis/diagnoses: **If more than one diagnosis is used please indicate primary with an***

- M62.81 Muscle Weakness (Generalized)
- G70.2 Congenital and/or Developmental Myasthenia
- F82 Specific Developmental Disorder of Motor Function
- R29.3 Abnormal Posture, Head Position
- G80. __ Cerebral Palsy; specify type:
- G96.9 Disorder of Nervous System, Unspecified
- R63.3 Feeding Difficulties, Oral Aversion
- F50.9 Eating Disorder, Unspecified
- F51.01 Primary Insomnia, Difficulty Initiating or Maintaining Sleep
- F84.0 Autistic Disorder; ___ F84.2 Rett Syndrome; ___ F84.5 Asperger's Syndrome;
— F84.9 Pervasive Developmental Disorder, Unspecified
- Q99.2 Fragile X Syndrome
- Q90.9 Down Syndrome, Unspecified
- F90.1 ADHD, Predominantly Hyperactive Type; ___ F90.2 ADHD, Combined Type;
— F90.0 ADHD, Predominantly Inattentive Type; ___ F90.9 ADHD, Unspecified Type
- F41.1 Generalized Anxiety Disorder; ___ F41.9 Anxiety, Unspecified;
— F40.8 Other Phobic Anxiety Disorders
- F93.9 Childhood Emotional Disorder, Unspecified
- G96.9 Disorder of Central Nervous System, Unspecified
- Other: _____ (specify)

✓ Physician name, address, and license number: _____

I verify that the services requested are medically necessary for the above-named patient.

✓ Signature: _____ ✓ Date: _____

✓ NPI # _____



Medical Necessity

The following may be helpful in wording a statement to satisfy the request from insurance companies for documentation of medical necessity. This information is provided to assist your physician, who will determine what he or she feels is appropriate for your child.

If your physician has any questions, please provide us with a release and we would be happy to speak with him/her directly.

RE: Support of medical necessity for occupational therapy

_____ appears to have a neuromotor dysfunction of yet undefined etiology, in contrast to a developmental delay. He/she meets the criteria for a diagnosis of _____ (if no specific diagnosis, consider: F82 Specific Developmental Disorder of Motor Function, M62.81 Muscle Weakness, F50.9 Eating Disorder, Unspecified, or F93.9 Childhood Emotional Disorder, Unspecified [specific diagnosis to be determined by your pediatrician]). Occupational therapy is recommended for _____ minutes _____ weekly with the expectation of significant functional change. Progress should be reviewed in six months to determine the need for further intervention.