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### Insurance Information

Sensational Achievements, LLC is an out-of network provider of occupational therapy services. It is strongly advised that you contact your insurance company **PRIOR** to starting services to determine the potential for reimbursements and the documentation needed to get services approved. **The more proactive you are in obtaining all forms and information that may potentially be requested, the better chance you have for obtaining coverage and appealing denials.**

**\*Please submit a copy of the front and back of your insurance card with this form.**

Are you planning to submit for reimbursement to your health insurance company? YES NO

Insurance Carrier: \_\_\_\_\_

Member name: \_\_\_\_\_

Date of Birth of Member: \_\_\_\_\_

Member ID number: \_\_\_\_\_

Group ID Number: \_\_\_\_\_

Type of Insurance: HMO PPO Health Savings Account: YES NO

Contact name and telephone number for insurance liaison: \_\_\_\_\_

Name, address, and telephone number of referring/diagnosing physician

\_\_\_\_\_

Any Established Diagnoses (if known) \_\_\_\_\_

***Please ask your insurance company the following questions prior to starting services so that Sensational Achievements, LLC can better assist you in the reimbursement process.***

1) Is Preauthorization required for an evaluation? YES NO

2) Is Preauthorization required for services? YES NO

\*\* If Voluntary Preauthorization for Out-of-Network-- You will need to request this or risk denial

3) Is there a preauthorization form my provider needs to complete?

4) Are the following ICD-10 diagnosis codes covered for Occupational Therapy Services: F84.0; F84.9; M62.81; R27.8; R63.3; R29.3, G96.9, F82; H832X9; R26.9

5) Are the following treatment codes (CPT Codes) covered (Circle if yes)

97110,97112,97530,97535,92526

6) Is there a cap on reimbursement per unit and/or can there be more than one unit of a code per visit?

7) What is the cap on OT services allowed per calendar year? \_\_\_\_\_ or lifetime per diagnosis? \_\_\_\_\_

8) Does your insurance require progress reports/requests for additional sessions? \_\_\_\_\_

9) Does your insurance require a progress note for EACH date of service? YES NO

10) Does your insurance require progress report for approval of additional sessions? YES NO

11) Where should documentation be faxed/sent? \_\_\_\_\_

12) Does your insurance cover autism spectrum diagnoses, if applicable? YES NO

13) What is the coverage for out-of-network providers and for CPT codes: 97003, 97004, 97110, 97112, 97530? \_\_\_\_\_

14) Is the reimbursement based on the Reasonable and Customary Rate or the total bill for services?

15) What is the process for obtaining an In-Network Exception? (This applies in cases where there is not a pediatric OT provider in-network within a certain radius or the intervention requires special knowledge such as feeding and autism)

**Note: If your insurance plan is self-funded or underwritten in New York, Connecticut State regulations for covering autism spectrum diagnoses may not apply. The following websites may be of assistance to guide you through the insurance process: [www.cga.ct.gov/2009/ACT/PA/2009PA-00115-R00SB-00301-PA.htm](http://www.cga.ct.gov/2009/ACT/PA/2009PA-00115-R00SB-00301-PA.htm), [www.ct.gov/oha/site/default.asp](http://www.ct.gov/oha/site/default.asp)**