



Out-of-Network Insurance Benefits Worksheet

Flow Rehab, PLLC is an out-of-network provider for insurance, meaning that the clinic is not contracted with any insurance companies. This worksheet can help you understand your potential for being reimbursed by your insurance company. After you have paid for your visit, you will be sent a completed, detailed receipt that contains all information you should need to submit the receipt to your insurance company. This receipt is available to you in your online account in the electronic medical records system, "PT Everywhere".

When you call the insurance company, call the number that is located on the back of your insurance card- often a toll-free number. Select the option to speak with a customer service representative, and then you can ask for more information about your insurance benefits and coverage. You can use the questions listed below to help you identify the details of your coverage.

What are my physical therapy benefits? _____

Usually per year or \$ amount

What is my out-of-network percentage of coverage? _____

Do I have a deductible? _____ If yes, how much is deductible? _____

Insurance pays once deductible is met

If there is a deductible, what amount has been met? _____

Do I need a written prescription from a doctor? _____

If you need PCP referral, contact your Dr. office

If yes, does it need to come from my primary care provider (PCP)? _____

Do I need an authorization on file prior to starting physical therapy? _____

If you need authorization, begin PT once you have it

If yes, is an authorization on file? Who should request the authorization?

Is there a special form I need to be reimbursed? If yes, where is the form?

The form is often on the insurance website

Where should I send or upload documents for reimbursement?



Common Diagnosis and Treatment Codes

When you contact the insurance company, they may ask you to list the diagnosis and the treatment codes before they can give you an estimate of their payment.

The diagnosis codes we use are based on what it is you come to the clinic hoping to improve. Below are a few examples. You may choose one of the below or contact us for an example of a code that relates to what you are experiencing. You can also search on the internet for “physical therapy ICD-10 code for [whatever the issue is.]” If you have a medical provider who referred you to physical therapy, they may have given you a referral that lists the diagnosis.

A few common diagnosis codes

Abdominal pain R10.9	Fecal incontinence R15	Pelvic & perineal pain R10.2
Anal spasm K59.4	Fecal urgency R15.2	Pelvic muscle weakness N81.84
Bladder pain R39.89	Frequency of voiding R35.0	Post-void dribbling N39.43
Constipation K59.00	Interstitial cystitis N30.1	Prostatodynia N42.81
Diastasis recti M62.0	Low back pain M54.50	Sacral or tailbone pain M53.3
Dysmenorrhea N94.6	Pain in right hip M25.551	Stress urinary incontinence N39.3
Dyspareunia N94.1	Pain in left hip M25.552	Uterine prolapse N81.4

Please note that your physical therapist will list diagnosis codes once you have had your clinic visit. If you used certain codes when you spoke to your insurance, you can let us know which codes were discussed. Unless a code is something different than one of the above, we don't find that it typically affects your coverage to have a different code listed.

Keep in mind that your insurance will typically pay a portion of the billed charges, and that amount may be different for each treatment code. If your insurance deductible is not met, you may not receive any reimbursement from them. We are happy to provide any information to you that we can, however, we cannot predict or guarantee any amount of coverage from your insurance provider.

Common treatment codes

The first visit we will typically use the code for “Initial Evaluation” such as 97161. At the first and for follow-up visits, we almost exclusively use the following:

97110	Therapeutic exercise	97140	Manual therapy
97112	Neuromuscular re-education	97530	Therapeutic activities

If you are coming to the clinic for treatment with shockwave therapy, there is no treatment (CPT) code for this, and shockwave is not covered by most insurance companies.

Please let us know if you need further support!