

Pediatric Physical & Occupational Therapy Services, LLC
Pacific Northwest Pediatric Therapy, LLC

The offices of Rosemary White, OTR/L & Associates

Main Office

Ped PT & OT Services
20310 19th Ave NE
Shoreline, WA 98155
Ph: 206.367.5853
Fax: 206.367.9609
pedptot@comcast.net

www.pedptot.com

South End Office

Ped PT & OT Services
6617 So 193rd Pl, Suite P-103
Kent, WA 98032
[Call, Fax or e-mail Main Office]

Portland Office

Pacific NW Pediatric Therapy
4305 SE Milwaukee Ave
Portland, OR 97202
Ph: 503.232.3955
pnpt1@comcast.net

To our new clients,

We are accepting new clients and look forward to working with you.

Rosemary White is the owner and director of Pediatric Physical and Occupational Therapy Services and Pacific Northwest Pediatric Therapy, she is very actively involved in all aspects of the practices and in mentoring all our therapists (we currently have 12 therapists.) Rosemary lectures extensively nationally and internationally and because of her lecture schedule, which frequently takes her away from the clinic, she is not personally accepting new clients however she works very closely with the therapists and their clients!

Our main office is located north of Seattle in Shoreline, WA. We also have offices south of Seattle and in Portland, OR. Our practice is dedicated to providing therapy; therefore appointments are scheduled in one-hour sessions, primarily between the hours of 8 AM and 5 PM, Monday through Friday.

We will schedule a regular weekly therapy appointment for your child. The sessions are one-hour in length, the same time each week and the appointment will remain yours for as long as necessary. It is pretty standard for a child to have therapy one hour per week for up to 12 months.

The first four appointments are the evaluative treatment sessions - the goals for therapy and treatment plan are established at these sessions. The therapist looks at four primary areas, sensory processing (sensory modulation, sensory regulation, sensory discrimination and motor planning); auditory processing, gross and fine motor skills, social skills and behavior. The Occupational Therapy assessment is provided to understand functional difficulties that your child may be experiencing and the unique sensory processing challenges that may contribute to these difficulties. We recommend that both parents attend the evaluative sessions. Please arrange childcare for siblings during these sessions as it is important for you to be able to give your full attention your child and the therapist.

During all evaluative sessions the parents are present and are often included in the evaluation process. In at least one of the evaluative treatment sessions a play assessment is conducted in which the parent and the child play together for fifteen minutes (Functional Emotional Assessment Scale, FEAS). The FEAS is a standardized play assessment during which we are looking to find the types of

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play when you and your child find enjoyment and engagement. If other standardized testing is appropriate it may include tests of balance and coordination, gross and fine motor skills, visual perception, sensory perception and/or motor planning. All evaluative treatment sessions include clinical evaluation during which the therapist observes the child's postural and behavioral responses while playing on therapy equipment. Our goal for the evaluation is to work with you. For many families this includes direct coaching of the parents to facilitate engagement and interaction through both play and daily activities.

The first four evaluative treatment sessions are videotaped and you will be provided with a copy on DVD for your records. The DVD will include the therapist's impressions and recommendations. You will also receive an written report with recommendations.

Your child's Occupational Therapist does not make a medical diagnosis and cannot provide documentation of medical necessity for treatment if required by your insurance company. To receive a medical diagnosis or a letter of medical necessity, please contact your child's physician.

The first steps in scheduling an appointment

- Contact the office to provide your name, your child's name and age, initial intake information regarding your child's medical history, your main concerns for therapy and your child's specific needs.
- Complete and return the intake information (Instructions for completion and return of the intake questionnaire are included on the questionnaire)
 - **Seattle Offices:**
 - Pediatric PT & OT Services at 20310 19th Ave NE, Shoreline, WA 98155
 - **Portland Office:**
 - Pacific NW Pediatric Therapy at 4305 SE Milwaukie Ave, Portland, OR 97202

For our Seattle offices, upon receipt of the completed intake questionnaire we will place your child's name on our appointment list to be scheduled. (Your child's name will not be on our appointment list until we receive the completed questionnaire.) We will do our very best to schedule an appointment as quickly as we can and to make your waiting time as short as possible. However, because appointments often remain filled for extended periods of time, it is frequently necessary for children to be placed on an appointment list prior to being scheduled. Waiting times vary - based on the location requested (main or south end office) and the time of the year your intake is received. The beginning and end of the school year are usually our busiest seasons and we usually we receive an influx of intakes at these times.

For our Portland office, we will contact you upon receipt of the completed intake to discuss scheduling. We will do our best to accommodate your scheduling requests and to begin therapy as soon as we can. *Often we are able to schedule services upon receipt of your intake information.*

Prior to beginning services

Provide our office with a written prescription from your child's physician for Occupational Therapy (we rely on you to maintain a current prescription that covers all dates of service.) If your child's prescription is written for a certain period of time or for a certain number of visits then we rely on you to request an updated prescription from your physician prior to expiration - to avoid a break in coverage by your insurance.

- Bring the prescription to your first appointment or request that the physician fax it to our office. If the physician faxes the prescription, please follow up with us to make sure it was received and is on file at our office prior to your first appointment. Failure to provide a prescription could cause insurance to deny payment of your claims.

As claims are being processed or reviewed for payment, most insurance companies require a physician's written prescription for therapy (to establish proof of medical necessity.) Our practice provides Occupational Therapy using a variety of approaches. Please request that your physician write the prescription specifically for Occupational Therapy and that he/she include the diagnosis or reason for the therapy and the duration of the therapy. (We suggest you initially request the prescription be written for once a week for up to 12 months - to limit requests for updated prescriptions from your physician.) We will bill the insurance with the diagnosis shown on the prescription.

It is very important that your physician does **NOT** use Sensory Integration as the type of the therapy requested or as the diagnosis for therapy. Unfortunately insurance companies will deny payment of claims if referred for Sensory Integration therapy and they will deny services that are provided for the diagnosis of Sensory Integration Dysfunction (as this is not an "official" diagnosis in the ICD-9 code books and insurance considers it to be investigational in nature).

- Examples of diagnosis codes that we often use when billing insurance are: Dyspraxia or motor planning difficulty (ICD-9 code 781.3) and Hypotonicity or less than normal muscle tone (ICD-9 code 728.9). These diagnosis codes are typically considered Neurodevelopmental Therapy codes and most likely would not meet criteria of medical necessity for rehabilitation services (see below for information on NDT.)
- Please discuss the appropriate diagnosis for therapy with your physician when requesting the initial prescription/referral.

Contact your insurance to verify that we are contracted with your plan and to confirm your coverage and benefits for Occupational Therapy. If you find that we are not contracted, please ask about out of network benefits for non contracted providers. (The easiest way to identify us with your insurance company is with our tax ID number. (Pediatric PT & OT Services, Seattle TIN is 42-1613982 and Pacific NW Pediatric Therapy TIN is 76-0747917) Insurance companies often ask

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for the billing codes when providing benefits or preauthorization information. We use the billing code (CPT or procedure code) 97530 for therapeutic activity. The billing diagnosis code (ICD-9) is taken from your physician's prescription or referral.

It is important to contact your insurance company to verify your eligibility and benefits prior to beginning therapy. Most often insurance companies process claims for Occupational Therapy under Neurodevelopmental Therapy (NDT) for children 6 years and younger and as a rehabilitation service for children 7 years and older. (Please see below for specific information based on your child's age.) If your insurance company requires an authorization for services then we rely on you to obtain and update the authorization as required and to verify all necessary paperwork is on file with your insurance company before your child begins therapy.

- **Please contact your insurance and physician for necessary extensions prior to the expiration of the authorization or referral.** This will help maintain continuity of care and avoid a break in services while waiting for insurance re-approval.
- **If a progress report or therapy notes are required to update the authorization we are happy to provide the paperwork but rely on you to let your therapist know as far in advance as possible (1 month minimum) to allow her time to prepare the necessary paperwork. We rely on you to follow up with your insurance to verify the status of the extension or authorization.**
- It is important for you to keep track of the expiration date of all referrals, prescriptions or authorizations and update as necessary as we do not have a way to keep track of the number of visits used relative to those authorized by the physician or insurance company.
- If your plan has a contract limit (maximum dollar amount or number of visits) for Occupational or Neurodevelopmental Therapy then we rely on you to keep track of the amount of benefits you have received so that you will know when reach your contract maximum. We are not able to track it for you.

In order to receive the most accurate information regarding benefits for your child's therapy, we recommend that your physician request a predetermination or preauthorization of benefits. This is a review and guarantee of benefits (provided by your insurance company) prior to services being provided. Most insurance companies require that a physician initiate the request for preauthorization and they require information from the physician to establish proof of medical necessity for the services being approved. The process to complete a preauthorization and the information required are based on your specific insurance company and plan. We hope that taking this extra step will help you make financial arrangements and avoid unexpected financial difficulties that may occur if your insurance determines that services are not covered after the services have already been provided and charges are incurred. We are available to assist with any questions you may have.

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For children 7 years or older, it is our experience that most often insurance companies do not cover the cost of Occupational or Physical Therapy unless the child's diagnosis meets criteria of medical necessity for rehabilitation services (an illness or injury with date of onset or date of injury.) We recommend that you ask your insurance company very specifically if your plan covers Occupational Therapy under rehabilitation services for children 7 years or older. If it does, then we suggest that you ask if your child's diagnosis meets the criteria of medical necessity and if Occupational Therapy will be covered for your child's specific diagnosis. Hopefully these questions will help your insurance provide accurate benefit information.

- Rehabilitation services are most often paid *only for services following an illness or injury with a date of onset or date of injury. Insurance is looking for something that happened to cause the need for "rehabilitation" (restoring function to what it was before the illness or injury).*
- *Some insurance companies consider the diagnosis of autism to meet criteria of medical necessity for rehabilitation services.*

If you are insured by Aetna, it is our experience that Aetna excludes benefits for Neurodevelopmental therapy (Occupational, Physical and Speech Therapy through 6 years of age) unless your specific plan is under the Washington State mandate. Therefore, if your child is 6 years or younger, it is very important that you contact Aetna prior to your first appointment to confirm your Neurodevelopmental therapy benefits. If you live in Washington State please confirm that your plan is under WA State Mandate and if outside of Washington please confirm your therapy benefits and ask if your child's diagnosis meets the criteria of medical necessity under short term rehabilitation for Occupational Therapy.

Washington State clients:

Washington State law mandates coverage by health care plans provided by employers, health service contractors, health maintenance organizations and state employee health plans for covered individuals age 6 years and younger for Neurodevelopmental therapies (which include Occupational, Physical and Speech Therapy). If your child is 6 years or younger it is important that you ask your insurance company specifically about eligibility and benefits for Neurodevelopmental therapies and to verify if your plan falls under Washington State Mandate.

With some exceptions, if your child is 7 years or older then your account will be set-up as a private pay account. In most cases we do not submit claims to insurance for children 7 years of age or over. If you choose to pay privately and submit claims to your insurance for consideration of payment we will provide you with the claim forms.

- Based on our experience, Microsoft is an exception to this rule and benefits for Occupational Therapy continue after a child turns 7 years of age.
- It is our understanding that Boeing Traditional Plan has limited benefits for children 7 years or older

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If you have a change in medical insurance please notify us with the effective date of coverage and the new billing information as soon as possible. Confirm your eligibility and benefits with your new plan and *request a new prescription from your physician that is written and dated on or after the effective date of your new insurance coverage*

The cost of therapy services:

The first four evaluative treatment sessions are provided to assess your child and establish goals and a treatment plan for therapy. When scheduled as part of weekly, ongoing therapy services *the first four evaluative treatment sessions are discounted to \$140 per hour.* (When evaluations are provided outside of ongoing therapy the fee is \$220 per hour and we do not accept insurance.)

- **When discounted evaluative treatment sessions are provided then we request that the child continue with weekly therapy if recommended by the therapist.**

The fee for non-evaluative Occupational Therapy sessions is \$115 per hour

- **If you choose to pay at the time of the session or once a month by credit card that is kept on file for automatic billing, then you will receive a 10% cash discount. (We do not offer a cash discount on the first four evaluative treatment sessions.)**
- **We will accept insurance for ongoing therapy services (which includes the first four one-hour evaluative treatment sessions.) However we rely on you to keep your account current, to make regular monthly payments on your account and to follow up with your insurance if your claims are not paid in a timely manner.**
 - We will submit claims to insurance for payment.
 - All of our therapy services are billed as "therapeutic activity" (CPT 97530).
 - If you insurance requires a review of medical necessity and requests records to process claims, we are happy to send the records but depend on you to follow up on the status and to make regular payments until determination is made and insurance payments are received.

Charges are posted to your account on a monthly basis, approximately the middle of the following month (i.e., January charges are posted mid-February and so on.) Insurance claims are submitted at the time that the charges are posted to your account.

You will receive your first statement after your initial claims have processed through insurance and approximately every 6 weeks thereafter.

If you have billing questions or concerns please call or e-mail the office. We will respond to your billing concerns promptly. If you reach our voice mail, we will return your call as quickly as possible.

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We have a standard 24-hour cancellation policy that requires notification at least 24 hours before your scheduled appointment in order to avoid being charged for the missed appointment.

- *You will be charged for any cancellations and/or missed appointments with less than 24-hour notice prior to the missed appointment time*
- *The missed appointment charge is 50% of your regularly hourly therapy rate and missed appointment charges **cannot** be billed to your insurance.*
- *We will make exceptions for illness and family emergencies.*

Please do not e-mail the office with appointment cancellations as your therapist may not receive an e-mail message as promptly as a message by phone. If it is necessary to cancel an appointment please call the office directly (Seattle offices call 206-367-5853 and Portland office call 503-232-3955.) If you reach our voice mail, please leave a message. Your therapist will check for messages throughout the day and your message should be received promptly.

We hope this information is helpful. Please contact us with any further questions.

We look forward to working with you.

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