Navigating Out of Network Pelvic Floor PT Providers

Many pelvic floor physical therapy practices choose to be out of network (OON) from insurance. Practices may choose to be OON due to low insurance reimbursement, the need for specialized 1-1 care, and/or simply to reduce administrative burden of billing insurance. Pelvic floor PT may be medically necessary as part of your endometriosis care and there are often options for insurance coverage for this essential care.

Cash Pay	Out of Network Benefits	Network Deficiency Claim
•Paying out of pocket for your care is the simplest option, however PT is an essential part of your endometriosis care. Would you offer to pay cash if you tore your ACL and needed PT?	•Depending on your insurance, you may have OON coverage and be able to use this coverage for your care. Your cost sharing may be higher than in network care.	•A network deficiency claim lets you pay in network rates for your care at an OON provider becasue the insurance network lacks in network providers for your care.

Why file a network deficiency claim?

- Pelvic floor PT is often medically necessary for pelvic floor dysfunction and pain management. It just makes sense to try to have your medical insurance will cover your medically necessary care. ☺
- The in network providers may not be experienced in endometriosis care. This would be a more challenging claim, but still worth trying to ensure you have the best quality care.
- There are long waits for in network providers. You should not be penalized because the network can not provide timely care. We often need care urgently especially after surgery.
- None of the in network providers are in your local area. It may be feasible to travel for one specialist appointment or surgery, however pt requires several sessions and we need to be realistic with time commitments for care.

Out of Network Provider FAQ:

Q: Will any pelvic floor therapist be a good fit?

A: Pelvic floor therapists are often experienced in a variety of pelvic floor conditions, however since endometriosis especially post surgery may come with unique challenges, it is recommend to specially ask about experience with endometriosis patients or other specific conditions where you may need support.

Q: If the network deficiency is approved, will the clinic bill my insurance directly?

A: Most providers will likely ask you to pay upfront and file for reimbursement on your own.

Q: My PT provider offers a package for discounted care, should I purchase the package?

A: It depends! If you are confident in the provider and your ability to complete the sessions, it could help reduce the cost. It may not be the best choice when first starting with a new provider or if personal outside commitments may prevent you from completing the sessions.

Pelvic Floor PT Coverage Worksheet

1. Contact your insurance to understand your in and out of network benefits.

In Network Benefits

- Deductible: _____
- Coverage & Patient Responsibility: _____
- Additional limits for PT: _____

Out of Network Benefits

- Additional OON Deductible: _____
- Coverage & Patient Responsibility: _____
- Additional limits for PT: _____

2. Contact insurance company to confirm in network providers for pelvic floor PT and then contact in network providers to confirm experience with endometriosis and appointment availability

In Network Provider	Experience with Endometriosis	Appointment Availability

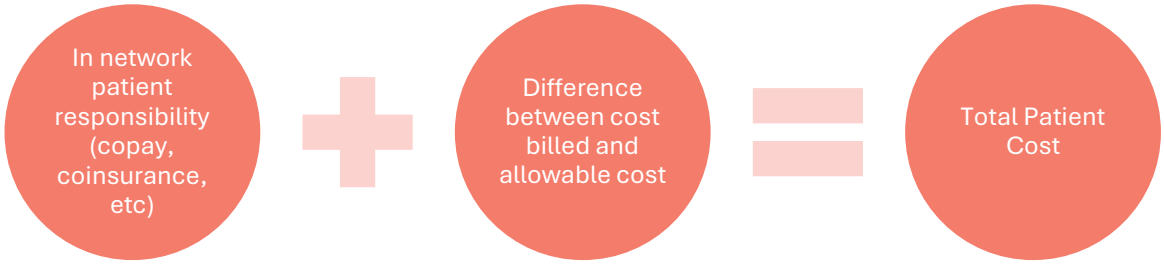
3. If there are no in network providers with endometriosis experience or appointment availability, begin to look for out of network providers. Again, look for providers with experience with endometriosis. Patient advocacy groups, online patient groups, and your gyn providers may be able to provide local recommendations.
   - OON Provider: _____
   - Phone number: _____
   - Address: _____
   - NPI: _____
   - Tax ID: _____

4. If you have less or no coverage for out of network services (likely the case for most of us!), consider filing a network deficiency claim to have the services processed at the in network rates. Start by gathering the following:
   - From your doctor: Prescription for PT including a diagnosis code
   - From your OON PT:
     i. Cost per session: _____
     ii. CPT codes that will be billed and total billed for each code (they will likely bill several CPT codes for one session)
   - From your insurance: allowable cost for each CPT code to be billed

CPT code	Amount to be billed (from PT provider)	Insurance allowable cost (from insurance)

5. Contact your insurance to request the network deficiency claim before starting care. The insurance company will need the providers information, your diagnosis code, and the CPT codes that will be billed. They may also reach out to the PT provider to verify care. The process can take several weeks for approval, it is your choice to begin care at risk while waiting for the approval.

6. Estimate patient cost with an approved network deficiency claim (the responsibility for difference between the cost billed and allowable cost may vary based on balance billing laws):



_____ + _____ = _____

Ex 1: Patient has network deficiency approved for OON provider who bills $297/session. In network PT is subject to a $50 copay. The OON provider bills under the allowable cost for all CPT codes billed.

Ex 2: Patient has network deficiency approved for OON provider who bills $385/session. In network PT is subject to a $50 copay. The total allowable cost for the 5 CPTs billed is $310.

7. Once the network deficiency claim is approved, you will likely need to manually submit a “superbill” from the PT provider to your insurance for reimbursement after each session. You can track your reimbursements here:

Date of service	Amount paid	Date submitted to insurance for reimbursement	Date reimbursement received