



## How to Determine Your Insurance Benefits for Physical Therapy

When calling your insurance company, you will want to ask them the following questions to help determine your benefits for physical therapy:

\*\* Do NOT tell them you need Schroth - they will deny that immediately saying that Schroth is still "experimental." Rather, tell them you need to see a physical therapist who is an expert and certified in PSSE (Physiotherapeutic Scoliosis Specific Exercises), which IS a medically recognized term. \*\*

Please fill in these answers and keep for your records.

These questions/answers are not a guarantee of benefits for reimbursement, but simply a tool to help determine eligibility and likelihood for reimbursement.

Make sure to tell your insurance company that you are seeing an **out of network provider** because of the need for specialization that is not (or may not be) offered by any of their in-network providers within a reasonable radius.

Kioko Group NPI# 1275180226. We commonly use codes:  
Neuromuscular re-ed 97112, Therapeutic Exercise 97110, Therapeutic Activity Training 97530

- 1) What is your deductible? \_\_\_\_\_
- 2) How much of your deductible has already been met? \_\_\_\_\_
- 3) For out of network PT, what % will they reimburse (once deductible has been met)?  
\_\_\_\_\_
- 4) Will they consider Kioko, LLC as a gap provider because of our unique specialization and advanced certification in the conservative management of scoliosis and spinal dysfunction? \_\_\_\_\_ (note that BCBS of FL has KIOKO listed under Availity as a registered out of network provider; UHC has given gap provider title to Kioko for previous clients)
- 5) Does your deductible have to be met before reimbursement? \_\_\_\_\_
- 6) Is there a \$ amount, or # of session limit per year for out of network PT benefits?  
\_\_\_\_\_ If so, what amount? \_\_\_\_\_
- 7) Does your policy require pre-authorization? \_\_\_\_\_
- 8) What forms are required to submit claims? \_\_\_\_\_
- 9) Where can those forms be obtained? \_\_\_\_\_
- 10) What is the fax # or mailing address to submit claims?
- 11) In what time frame do claims need to be submitted?

