



Does My Insurance Cover My Care?

Hive Therapy and Wellness does not accept insurance and is an out-of-network (OON) provider for all insurance companies including Medicare and Medicaid. This does not mean that your insurance will not cover your care. Follow this document's instructions to find out what your plan will cover.

Patients are responsible for full payment at the time of your appointment and completing and submitting paperwork to file an insurance claim. Upon request, Hive providers will provide a superbill which is required for insurance submission.

Dr. Laura Meihofer and Dr. BJ Nash are licensed in the state of Minnesota only. If you receive telehealth or in-person treatment from them and you are physically located in the state of Minnesota, your services will be billed as physical therapy. If you are outside the state of Minnesota at the time of your appointment, your services will be billed as wellness coaching.

How Do I Find Out What My Plan Covers?

Call your insurance company BEFORE your first appointment with a Hive Therapy and Wellness provider to find out what your plan covers. Call back 2 to 3 times to ensure you receive correct information. Some customer service representatives are more knowledgeable and accurate than others. *This advice is directly from an insurance agency!*



How Do I Contact My Insurance Company?

Visit your insurance company's website or check the back of your insurance card for a Membership Services or Coverage Questions phone number.

What Information Do I Provide To My Insurance Company?

- Have your insurance card on hand. You will be asked to provide your member ID, group number, name, date of birth and address.
- Ask the representative to confirm they have pulled up your policy to ensure they give you the correct information.
- Some of the following questions involve diagnosis codes and treatment codes which may help you determine possible coverage from your insurance. To see the most common codes, please refer to the Diagnosis/Treatment Codes document located on the Helpful Documents page of hivetherapyandwellness.com.
- Tell the representative: "I would like to receive physical therapy treatment from an out-of-network provider. Does my policy cover out-of-network care for physical therapy services?"

If the answer is "NO", do not get off the phone!

Just because a provider is in-network does not mean your care is 100% covered. In-network providers that have contracts with insurance often inflate their cost because insurance will only pay them so much. The remaining cost falls on you to pay and can be more than seeing a Hive provider.



Ask the following questions to understand what your cost would be with an in-network provider so you can compare with Hive's rates:

- Would appointments with an in-network physical therapist be covered 100%? If the answer is yes, don't hang up yet! Follow up with these questions:
- Is every diagnosis code covered 100% or are there only certain codes covered 100%?
- Which diagnosis codes are covered 100% and which codes aren't covered?
- Are there certain diagnosis codes that can't be used together?
- Is there any cost to me if a diagnosis or treatment code is covered?
- What is the cost to me if a diagnosis or treatment code is NOT covered?

Seeing an in-network provider can often cost you MORE than the cost to see a Hive provider because of partial, out-of-network coverage.

If the representative answers "YES" to out-of-network coverage in your plan, ask:

- What does my plan cover?
- Are there certain diagnosis codes that are or are not covered? (Refer to the Diagnosis/Treatment Codes document).
- Are there certain Treatment codes that are not covered? Our providers commonly use the following treatment codes in your first evaluation appointment:
 - 97163 - Physical Therapy Evaluation
 - 97140 - Manual Therapy
 - 97110 - Therapeutic Exercise



- Do I have an out-of-network deductible for physical therapy services? If so, how much is it and how much have I already paid towards it this year? Am I responsible for 100% of this deductible or does my plan cover a percentage?
- Once I meet my out-of-network deductible, are these physical therapy services covered 100% or do I have an additional out-of-pocket max? What is my out-of-pocket max and how much have I put towards it this year?
- Do I have a cap on the amount of physical therapy visits I am allowed in one year? How many have I used so far this year? Are there any stipulations to these visits?

*Some insurance plans do not have out-of-network deductibles or out-of-pocket max, but they do have a limit on the number of visits you can have in a calendar year.

If you've been patient enough to ask these questions and called back 2 to 3 times to verify the information, you should have a clear understanding of:

- If and how much your insurance company will reimburse for services with an out-of-network physical therapist.
- Out-of-pocket expenses if you receive treatment with an in-network physical therapist.
- If moving forward with Hive Therapy and Wellness' services is the best option for you financially.