hive
Therapy and Wellness

Does My Insurance Cover My Care?

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Important Information:

Hive Therapy and Wellness is an out-of-network cash-based clinic and does not accept insurance including Medicare and Medicaid. This does not mean that your insurance will not cover your care (follow this document's instructions to see what your coverage may entail).

What it does mean is that you are responsible for the full payment of your appointment and for submitting/filling out the required paperwork for your insurance. Hive's providers can provide you with a suberbill upon request, which is required for insurance submission.

Hive's physical therapists are licensed only in the state of Minnesota. What this means is that if you receive treatment from them (telehealth or in-person) and you are physically located in the state of Minnesota, your services will be billed as physical therapy. If you are outside of the state of Minnesota at the time of your appointment, your services will be billed as wellness coaching.

Hive understands that finances are an important part of receiving care. We care about providing high-quality services to our patients and working with their needs and insurance coverage to the best of our abilities. However, it is the patient's responsibility to communicate their needs before their services.

Please be sure to do your research with your insurance company beforehand, so that when you begin to craft a treatment plan with one of our providers, you both can try and work with your unique level of coverage. If you fail to prepare beforehand, be aware that our providers are unable to make changes to your billing for the sake of coverage.

How to Get Started

How Do I Find Out What My Insurance Plan Covers?

Call your insurance company BEFORE your first appointment 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 is advice directly from an insurance agency!

DO NOT SKIP THIS FIRST STEP.

Your insurance may only cover very specific treatments and codes. Hive Therapy and Wellness is unable to change your bill after your services, as this can be considered fraud. In order to be prepared for what services you can receive with coverage, it is your responsibility to call your insurance and find out what codes they cover before you receive any services.

The questions in this document are designed to help you better prepare for all the small details and variables of understanding insurance coverage. However, it is your responsibility to do so, and any misunderstandings or lack of preparedness is of no fault to your provider.

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.

How to Get Started

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 our providers use, please refer to the “Diagnosis/Treatment Codes” document located on the **Helpful Documents page** of the Hive Therapy and Wellness website.

Here are some common Treatment Codes used by Hive’s providers:

- 97163 – Physical Therapy Evaluation
- 97164 – Physical Therapy Re-evaluation
- 97110 – Therapeutic Exercise
- 97112 – Neuromuscular Re-education
- 97116 – Self Care / Home Management Training
- 97140 – Manual Therapy
- 97530 – Therapeutic Activity
- 97116 – Gait Training

Please note that costs associated with each treatment code depends on if you pay session by session or if you opt for a package option.

About Modifiers

What Are Modifiers?

Your billing may include a two-digit code called a modifier, which is attached to a CPT treatment code. These are added to your billing depending on the treatments used, who did them, and all sorts of other variables. They are used to ensure accuracy of billing by providing more information about the services provided.

These modifiers may be required by your insurance in order for you to be eligible for coverage in some cases. Be sure to ask your insurance about these modifiers.

Below is a list of some modifiers you may see on your billing. This list is NOT all-inclusive, but may give you an idea of what a modifier looks like:

- GP
- GO
- GN
- KX
- 59
- 96
- 97
- CQ
- CO
- GA
- GX
- GY
- GZ

In order to ensure you get the best coverage, it is essential that you gather all the information about your coverage from your insurance company, including modifiers, and discuss them with your physical therapist beforehand. **Hive Therapy and Wellness cannot change your billing after your services.**

Questions to Ask Your Insurance

Now it is time for the questioning! Grab a notebook and pencil, because there will be a lot information that may be difficult to remember on your own.

With the questions listed on the next two pages, you will be investigating not only what type of coverage you have with out-of-network providers, but also in-network providers, too.

This is because insurance coverage can be tricky and confusing—even though you may expect to receive full coverage, unexpected limitations or specifics of your insurance plan may result in additional out-of-pocket costs.

By understanding the ins-and-outs of your specific coverage, you can better estimate the costs of your care as well as compare the costs of seeing different providers. While it may seem like a lot of work and preparation, it will help you better understand and prepare for your cost of care.

While navigating insurance can be intimidating, overwhelming, and maybe even confusing—just remember that achieving better health makes all this effort worth it. Keep advocating yourself!

And now, without further ado, let's jump into the questions you should ask your insurance...

Questions to Ask Your Insurance

QUESTION: Does my policy cover out of network care?

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,” don’t get off the phone!

Just because a provider is in-network does not mean your care is 100% covered. Companies that have contracts with insurance often inflate their cost because insurance will only pay so much. The rest of the cost falls on you to pay the difference.

Therefore, ask the following questions to understand what your cost would be with an in-network provider so you can compare with our rates:

- Would appointments with an in-network physical therapist be 100% covered? (If the answer is “yes,” don’t hang up yet! Follow up with these questions…)
- Is every diagnosis code 100% covered or are there only certain codes 100% covered?*
- What 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 code or treatment code is covered?
- Is there any cost to me if a diagnosis code or treatment code is NOT covered? What is the cost to me?

*Seeing an in-network provider can often cost you MORE than what it would cost to see an out-of-network provider because of partial coverage. Be sure to investigate your coverage in detail so you aren’t blindsided by unexpected out-of-pocket costs!

Questions to Ask Your Insurance

QUESTION: Does my policy cover out of network care? - *Continued*

If the answer is “YES,” ask:

- What does my plan cover?
- Are there certain diagnosis codes that are or are not covered?
  - Examples of what diagnosis codes look like: M54.5: Low back pain, M79.602: Pain in left arm, N39.3: Stress incontinence, K62.3: Rectal prolapse...
  - (Refer to the **diagnosis/treatment codes** document for more information or examples of diagnosis codes used by Hive).
- Are there certain treatment codes that are or are not covered?
  - Examples of what treatment codes look like: 97163 – Physical Therapy Evaluation, 97140 – Manual Therapy, 97116 – Gait Training...
  - (Again, please refer to the **diagnosis/treatment codes** document for more examples of treatment codes used by Hive).
- Do any treatment codes require modifiers for coverage?
- 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 do you cover a percentage?
- Once I meet my out-of-network deductible, are these physical therapy services 100% covered 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? If so, how many have I already used? 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.

Insurance Wrap-Up

If you've been patient enough to ask the questions provided 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—and how those costs might compare to seeing an out-of-network physical therapist.
- If moving forward with Hive's services is the best option for you from a financial perspective.

If you've completed all of these tasks, congratulations! Feel free to explore additional physical therapy resources on the **helpful documents page**

Or, if you'd like to learn about additional payment options for health costs, keep reading!

HSA / FSA Payments

Now that we've finished the insurance discussion, let's talk about some additional options to consider in terms of health finances: HSA and FSA payments.

HSAs and FSAs are two similar methods of saving for your healthcare expenses. However, they have some important differences. This document will talk about the basics of each type individually, so you can get a better idea of what other options you may have for covering health expenses.

Afterwards, we'll cover some ways that these payments can help supplement the costs of physical therapy services.

Hive Therapy and Wellness accepts FSA and HSA payments for in-person, telehealth, and in-home services provided in the state of Minnesota.

Let's get started!

About HSAs

What is an HSA?

An HSA (Health Savings Account) is a personal savings account that is dedicated to setting aside funds for healthcare purposes (with tax-free withdrawals). Many banks and other institutions offer HSAs, and they can even earn interest.

The money saved in these types of accounts can often be used for a variety of costs—such as deductibles, copayments, coinsurance, and other expenses. However, the use of the money must be for “qualified” expenses. What is or isn’t a “qualified” expense is determined by the **IRS**. Luckily, physical therapy is a qualified expense!

Money saved in an HSA is there for you indefinitely, and can collect year over year. The money in an HSA belongs to YOU, even if it is opened through an employer, and it is still yours if you end up leaving that job.

Your health insurance plan **determines eligibility** for opening an HSA. To see if your current insurance plan allows you to open an HSA, you can try looking through your policy, or contacting your insurance company (or employer, if you are insured through your job).

About FSAs

What is FSA?

A FSA (Flexible Spending Account) is very similar to an HSA—it helps cover health expenses by letting you set aside funds before they are taxed. FSAs are typically opened via your employer.

Unlike with HSAs, the money saved in your FSA is only usable for a specified time, typically a year. Once the new benefit year begins, you forfeit those funds—although some FSAs may have either a carry-over option or a grace period. Additionally, if you leave your job, you won't have access to those funds anymore.

Another aspect that sets FSAs apart from HSAs is that eligibility isn't determined by your health insurance. Anyone can utilize an FSA if it is offered by their employer.

Just like HSAs, the expenses that are determined to be eligible for FSA usage is determined by the **IRS**. Be sure to do your research to determine which of your expenses may be eligible.

To summarize:

Although HSAs and FSAs are similar in terms of that they can be used for, they differ by some key aspects:

- **Eligibility** - Who can obtain an HSA or FSA
- **Fund Accessibility** - When you can begin using your funds
- **Fund Lifespan** - How long your funds last
- **Ownership** - Who owns the account and funds

Using HSA / FSA for Physical Therapy

There's a lot more details involving HSAs and FSAs that we haven't discussed here—whether you can have both types, how much you can put into them, if they can be used for other family members, what exact expenses are covered, etc. No worries; there are a lot of resources on these topics through many different official sources across the web.

The main goal of discussing HSAs and FSAs here in this document is to let patients know that these types of payments are not only an option to help cover their care costs, but also that they can use these types of payments for physical therapy services—including pelvic floor therapy services provided by Hive Therapy and Wellness!

Oftentimes, in terms of physical therapy, your HSA or FSA funds may contribute to evaluations, regular sessions, and in some cases, tools or supplies. If your insurance only pays for a certain number of sessions, these accounts may help pay for additional sessions if needed. Or, if one of our providers recommends a tool necessary for your sessions or long-term health, it could also be paid for with your HSA or FSA account (you'll need to do further research to confirm what expenses qualify).

HSAs can often help pay for a portion of your services before your insurance deductible is met and before your insurance will help pay for services. HSAs and FSAs can also be used to help with copays.

Be sure to prepare ahead of time by double checking what exact expenses qualify with your HSA or FSA account, how much you have in those accounts to use for physical therapy over the year, and how much you may be able to save when utilizing those accounts. When calculating your potential savings from HSA/FSA payments, be sure to **view Hive's cost page** to see all the costs associated with our services.

Using HSA / FSA for Physical Therapy

Using your HSA or FSA depends on your individual account. Some accounts may come with a debit card that allows you to use your funds directly. In other cases, you may need to pay out of pocket first, and be reimbursed with your savings funds later.

Remember that when using HSAs or FSAs for reimbursement, you may be required submit a reimbursement claim where you must provide proof of the medical expense, as well as proof that the expense was not covered by your regular health insurance plan.

Upon request, Hive's providers can provide a superbill for you to use for reimbursement claims.

As a general recommendation, it is useful to keep a detailed record of your health related expenses throughout the year so that you can have an easier time with the reimbursement process. This includes physician letters, physical therapy superbills, and records for prescriptions or other tools purchased.

Disclaimer:

While this document is designed to help you better understand your options for payment, it is still **your responsibility** to research what expenses qualify for HSA/FSA reimbursement. Hive Therapy and Wellness is not responsible for any non-qualified expenses that you incur on a FSA or HSA account.

Conclusion

You've made it to the end of this helpful document—congrats! Hopefully with the information provided here, you will be better prepared to calculate the costs of your services with your insurance plan or HSA/FSA payments.

While all this research may seem like a lot, receiving expert-level care to benefit your quality of life and long-term health will make it all worth it. Once you begin receiving services that help you feel great, you can look back and be thankful for all the hard work you put into preparation and research!