



849 Menlo Ave, Menlo Park, CA 94025
Phone: 650-323-0805
Fax: 650-323-5262
www.play-steps.com
Theresa Baumert, OTR/L, Director

The following documents (four pages) are **not** to be returned to PlaySteps with your registration forms. Pages 1-3 are included for your diagnosing professional to review and fill out (usually a primary care physician or psychologist). Considering Occupational Therapists do not diagnose, we ask that you request the proper codes from your diagnosing professional. We will then include them on your OT receipts to help you get reimbursed from your insurance company if you choose to submit claims. We've also provided (on page 4) helpful tips for submitting claims.

RE: Support of medical necessity for occupational therapy

The following may be helpful in wording a statement to satisfy the request from insurance companies for documentation of medical necessity. This information is provided to assist your physician, who will determine what he or she feels is appropriate for your child.

Suggested example: child's name appears to have a neuromotor dysfunction of yet undefined etiology, in contrast to a developmental delay. He/she meets the criteria for a diagnosis of (if no specific diagnosis, consider: F82 Specific Developmental Disorder of Motor Function, M62.81 Muscle Weakness, F50.9 Eating Disorder, Unspecified, or F93.9 Childhood Emotional Disorder, Unspecified [specific diagnosis to be determined by your pediatrician]). Occupational therapy is recommended for an hour once (or twice) weekly with the expectation of significant functional change. Progress should be reviewed in six months to determine the need for further intervention.

If your physician has any questions, please provide us with a release and we would be happy to speak with him/her directly.



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Referral for Occupational Therapy

Dear Physician:

Your patient, _____, is seeking occupational therapy services with us.

Although occupational therapists outside of a hospital are not required to work under a physician's referral, insurance companies often require documentation of a physician's referral for consideration of reimbursement. In order to facilitate processing of insurance claims, a physician's referral with diagnosis is highly recommended.

In the absence of other diagnoses, the following may best describe the difficulties experienced by many of the children seen in our clinic:

M62.81 Muscle Weakness (Generalized),
G70.2 Congenital and/or Developmental Myasthenia, or
F82 Specific Developmental Disorder of Motor Function

If the child has adequate coordination but has suspected sensory issues, some physicians use the diagnosis F93.9 Childhood Emotional Disorder, Unspecified or G96.9 Disorder of Central Nervous System, Unspecified.

Given a release of information, we would be happy to speak with you if there are questions about a diagnosis or our services.

Please fill out the attached, accompanying form and mail it to the address above, fax to 650.323.5262 or scan and email to theresa@play-steps.com.

Thank you for your support of this child and family.

Theresa Baumert and Staff



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Referral for Occupational Therapy

✓ Child's name: _____ ✓ Date of Birth: _____

✓ Occupational therapy for 60 minutes _____ once a week _____ twice a week

✓ Diagnosis/diagnoses: **If more than one diagnosis is used please indicate primary with an ***

___ M62.81 Muscle Weakness (Generalized)

___ G70.2 Congenital and/or Developmental Myasthenia

___ F82 Specific Developmental Disorder of Motor Function

___ R29.3 Abnormal Posture, Head Position

___ G80. ___ Cerebral Palsy; **specify type:** _____

___ G96.9 Disorder of Nervous System, Unspecified

___ R63.3 Feeding Difficulties, Oral Aversion

___ F50.9 Eating Disorder, Unspecified

___ F51.01 Primary Insomnia, Difficulty Initiating or Maintaining Sleep

___ F84.0 Autistic Disorder; ___ F84.2 Rett Syndrome; ___ F84.5 Asperger's Syndrome;

___ F84.9 Pervasive Developmental Disorder, Unspecified

___ Q99.2 Fragile X Syndrome

___ Q90.9 Down Syndrome, Unspecified

___ F90.1 ADHD, Predominantly Hyperactive Type; _____ F90.2 ADHD, Combined Type;

___ F90.0 ADHD, Predominantly Inattentive Type; ___ F90.9 ADHD, Unspecified Type

___ F41.1 Generalized Anxiety Disorder; _____ F41.9 Anxiety, Unspecified;

___ F40.8 Other Phobic Anxiety Disorders

___ F93.9 Childhood Emotional Disorder, Unspecified

___ G96.9 Disorder of Central Nervous System, Unspecified

___ Other: _____ (specify)

✓ Physician name, address, and license number: _____

I verify that the services requested are medically necessary for the above-named patient.

✓ Signature: _____ ✓ Date: _____

✓ NPI # _____

Please mail this form to the address above, fax to 650.323.5262, or email to theresa@play-steps.com. Thank you!



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Tips for Insurance Reimbursement

To facilitate insurance reimbursement to yourself for **outpatient occupational therapy**:

- 1) Insurance requires a physician referral/prescription, including a diagnosis. Please ask your child's doctor to write a referral for occupational therapy, including your child's diagnosis.

If your child does not have a diagnosis, your doctor might consider ICD-10 codes:

M62.8 Muscle Weakness,
G70.2 Congenital and/or Developmental Myasthenia, or
F82 Specific Developmental Disorder of Motor Function

Currently, there is no "medically" recognized diagnosis for sensory integration deficits/sensory processing disorders. If your child does not have motor or coordination difficulties and has primarily only sensory issues, a diagnosis your doctor may consider is: G96.9 Disorder of Central Nervous System, Unspecified

Keep a copy (or original) of the doctor's referral with diagnosis(es). Send a copy to us for our records (insurance sometimes asks us for this information) and to insurance with your first claim.

- 2) An insurance company will not consider coverage for a service that has not occurred. Insurance receipts will be available to you once a service has taken place. If you have been charged a non-service fee such as for a late cancellation or a no show, your account will reflect your payment, but you will not have an insurance receipt.
- 3) Not all insurance policies cover "out of network, outpatient occupational therapy." You may want to talk to your insurance company about what YOUR POLICY covers. You do not need to provide them with any information other than the insured, member number, and diagnosis for them to tell you about your policy and your out of network deductible. Ask if pre-authorization is required, how many visits are allowed per calendar year, and what percentage of the fee per session is covered based on usual and customary charges.
- 4) Be cautious of any wording or information provided to the insurance company. Their interests are **medical**, not educational. Insurance will **not** cover treatment for difficulties in handwriting or school performance, nor will they consider sensory processing a medical issue. Appropriate information and terminology may include information such as low muscle tone, poor coordination, poor stability, frequent falls, limited strength, atypical development (not just delayed), safety risks, poor nutrition, etc. as appropriate for your child. These difficulties are resulting in "deficits" (instead of "delays") in gross motor, fine motor and self-care skill development.

If you have questions or concerns, please call us.