

### **WHAT IS CASH-BASED PHYSICAL THERAPY?**

In a cash-based treatment model, the physical therapist enters into a contract with the patient to provide physical therapy services in a manner that both parties have determined will help them reach treatment goals most efficiently. The patient pays at the time of service, allowing the therapist to focus attention on providing the best possible service while keeping administrative costs low. You may pay for services using actual cash, a check, or a credit or debit card.

Typically, coding for physical therapy services provided (CPT codes) is determined using a complex matrix of "timed codes" and "untimed codes". This often results in confusing patient bills, as the amount billed to insurance will vary visit to visit based on the exact services provided that day. Cash-based billing eliminates this confusion and allows for clarity in decision making on the part of the patient and their provider. Documentation for evaluations, treatment visits, and progress notes are performed just like any physical therapy practice and comply with all legal requirements.

### **CAN MY INSURANCE BE BILLED FOR CASH-BASED PHYSICAL THERAPY SERVICES?**

Most insurance companies, with the exception of Medicare, Medicaid and some HMOs, will provide payment for services received "out of network". Going out of network means that you can choose to see a physical therapist who is not a participating provider with your insurance company. Many patients choose to receive services out of network in order to see the physical therapist of their choice. The end goal of documentation and billing is the same - getting paid - it's just that, in the case of cash-based services, it is the patient who is waiting for reimbursement rather than the provider.

### **RESTORE PHYSICAL THERAPY'S THERAPIST IS AN OUT OF NETWORK PROVIDER - WHAT DOES THIS MEAN?**

This simply means that the therapist has not entered into a contract with individual insurance companies to receive reimbursement based on their contracted rates. There are MANY insurance companies, each with their own contracted rates and regulations, and Restore Physical Therapy's energy is best spent working with patients. It is important to note that in network provider status is not currently based on education, experience, skills, or treatment outcomes, but is often determined by the number of providers in a demographic area.

### **WILL I END UP PAYING MORE FOR CASH-BASED PHYSICAL THERAPY?**

In many cases, the out of pocket expenses for a course of physical therapy will actually be LESS for services provided at Restore Physical Therapy. In large part, this is due to the ability to charge less per visit, with these charges being well below the national average charge submitted to insurance in a typical fee for service outpatient practice. Restore Physical Therapy can charge less because the simplified cash-based fee structure streamlines billing and does not require hiring billing personnel or paying fees to a third party billing service. This allows Restore Physical Therapy staff to focus all energy on patient care, and allows patients to make informed decisions regarding the costs of their health care choices.

### **HOW DO I FIND OUT MY INSURANCE BENEFITS FOR OUTPATIENT PHYSICAL THERAPY?**

Complete the [Insurance Benefits Worksheet](#), which should answer your questions regarding what your insurance covers in regards to physical therapy

**WHAT STEPS ARE INVOLVED IN SUBMITTING A CLAIM TO MY INSURANCE COMPANY?**

The process is actually quite simple: Restore Physical Therapy will provide you with an invoice at the time of service, and you may submit that invoice and receipt to your insurance company for reimbursement. The invoice has all of the necessary information (business name and address, tax ID, national provider identification, license numbers, etc.) as well as the patient's ICD-10 (diagnosis) and CPT (billing) codes. You may choose to submit bills following each visit, one time per month, or at any other interval, typically up to one year following your treatment visit.

**MY INSURANCE CARRIER IS MEDICARE - ARE THERE ANY SPECIAL RULES THAT APPLY TO PHYSICAL THERAPY SERVICES?**

Outpatient physical therapy services are generally covered under Medicare Part B, provided the service is considered medically necessary to treat a disease or condition. Under current Medicare regulations, it is illegal for a physical therapist to accept cash pay from Medicare patients for services that may be covered under Medicare, even if the services provided meet all treatment, documentation, and HIPAA requirements and have been prescribed by their physician. In some cases, a Medicare beneficiary may pay cash for services that are no longer considered medically necessary, for example a "maintenance" or "wellness" program. Medicare may also allow cash payment for services beyond the Medicare cap for therapy services, currently \$1880 per year. In these cases, the limits on what a provider may charge must comply with Medicare fee schedules. Failure to comply with Medicare rules in every case, even with best intent, could result in a federal investigation, fines, or other legal action. The Medicare Benefit Policy Manual is available in full as a series of downloads at [CMS.gov](https://www.cms.gov); outpatient physical therapy benefits are discussed in Chapter 15, which is currently 289 pages.