

MEDICARE PLANS	INSURANCES REQUIRE AUTH	REQUIREMENTS:	CO-PAY?
MEDICARE <a href="http://checkmedicare.com">checkmedicare.com</a> Username:KITTHERA PY100 Password:therapy100	NO	+ 19 up to CAP of 32 visits ANNUAL for OT and PT (PT & ST visits are combined)	Yes, if pt does not have a secondary insurance copay amount \$30 Eval/ \$25 per visit. NO if pt has a secondary insurance to cover that 20%. Unsure if Medicare is Primary? *ask if they have had therapy elsewhere this year. The amount of visits used will be on the details on <a href="http://checkmedicare.com">checkmedicare.com</a>
HMSA AkamaiTo check HMSA benefits: <a href="http://www.hhin.com">www.hhin.com</a> UN: mmurray PW: Summer2017#	NO for PT / ST YES for OT	PT/ST : NONE OT: 8 visits (includes EVAL)	Yes. EVAL \$30/ TX: \$25
HUMANA aka MDX Humana Gold+ is HMO Humana Choice;PPO 522-7560	No - after EVAL	After EVAL submit AUTH to MDX *If pt is 2 weeks out of surgery then no AUTH needed for the first 8 visits.	Yes. View specialist Cost on front of Insurance Card for copay due. MDX auth shows units vs visits ie; 32 units = 8 visits
TRIWEST	Yes	MUST RECEIVE AUTH Prior to EVAL and TX	None. View Auth to see who to Bill.
Tricare	Yes	MUST RECEIVE AUTH Prior to EVAL and TX	None. View auth to see who to Bill.
VA	Yes	MUST RECEIVE AUTH Prior to EVAL and TX	None. View auth to see who to Bill.
ChampVA	Yes		View auth to see who to Bill.
Aetna/Cigna 1 (877) 204-9186	Yes	MUST RECEIVE AUTH Prior to EVAL and TX	

PRIVATE PPO/HMO INSURANCES:	PRIVATE INSURANCES REQUIRE AUTH	REQUIREMENTS:	CO-PAY?
HMA(MULTI-PLAN) 1-800-869-7093 <a href="http://accesshma.com/for-providers">accesshma.com/for-providers</a> UN <a href="mailto:kit-therapy@inbox.com">kit-therapy@inbox.com</a> PW therapy2016	No	After EVAL submit AUTH to HMA/ Multiplan	Have pt in front of you, contact their # on back of insurance card to ask (3) questions 1) ded 2) copay 3) coins.? *look at front of card It may say on front of the card. *auth will show units = visits ie; 12 units is 12 visits
HMAA /HWMG (808) 941-4622	No	After 10 visits (OT & PT & ST combined)	Have pt in front of you, contact their # on back of insurance card to ask (3) questions 1) ded 2) copay 3) coins.? *Ask pt if she has had therapy prior this year- that is a combined 10 therapy visits annually. *look at front of card It may say on front of the card.
HMSA To check HMSA benefits: <a href="http://www.hhin.com">www.hhin.com</a> UN: mmurray PW: Summer2017#	NO for PT YES for OT No for complimentary care plan (for massages up to 12 annual)	HMSA :after initial 8 visits LANDMARK AUTH FORM /30 day AUTH PERIOD ST, After 12 for Adults After Eval Pediatrics	Verify individual insurance plan. Have pt in front of you, contact their # on back of insurance card to ask (3) questions 1) ded 2) copay 3) coins.? *Ask pt if she has had therapy prior this year. Yes. EVAL \$30/ TX: \$25 To check HMSA benefits: <a href="http://www.hhin.com">www.hhin.com</a> UN: mmurray PW: Summer2017#
Kaiser-Hawaii 800-966-5955 (toll-free)	YES	MUST RECEIVE AUTH Prior to EVAL and TX	Yes. Verify individual insurance plan. Have pt in front of you, contact their # on back of insurance card to ask (3) questions 1) ded 2) copay 3) coins.? * copay is often on their card.
UHA(808) 532-4000	No	Auth after 12 visits required	

<b>MEDICAID PLANS/ QUEST</b>			<b>None - No copays with Medicaid Plans.</b>
ALOHA CARE QUEST 973-1650	NO.	Auth after EVAL submit AUTH to AlohaCare	Verify individual insurance plan as active.
HMSA QUEST To check HMSA Q. benefits: <a href="http://www.hhin.com">www.hhin.com</a> UN: mmurray PW: Summer2017#	No.	AUTH after (8) OT Visits NO for PT Yes for ST, After 12 for Adults After Eval Pediatrics	Verify individual insurance plan as active. OT must submit AUTH on Landmark. ST auth can be completed on HMSA AUTH form by front desk. *Ask pt if they have had OT/ST elsewhere this year- it is a combined annual benefit #
UNITED HEALTHCARE QUEST or COMMUNITY PLAN (UHC)	NO.	NO	Verify individual insurance plan as active.
OHANA HEALTH PLAN 1-888-846-4262	NO	Yes. After EVAL complete the OHANA ANCILLARY REQUEST FORM	Verify individual insurance plan as active.

#### **Deductibles**

The annual deductible is the amount of eligible charges you pay each calendar year for covered services before the Plan begins to pay benefits. Once you have satisfied your deductible, the coinsurance amounts (as described below) will apply, unless otherwise noted

#### **Copayments**

"Copayments" are flat dollar amounts you pay for certain covered services. After you pay the required copayment, the Plan will generally pay the remainder of all eligible charges.

**Coinsurance**"Coinsurance" is the percentage of expenses for covered services that you pay and the Plan pays. The coinsurance percentages will apply until you reach your annual out-of-pocket maximum, at which point the Plan pays 100% of the eligible charges for the remainder of the calendar year.

