



Reimbursement: Frequently Asked Questions (FAQ)

Are TheraTogs covered by insurance, Medicare, or Medicaid?

Many state Medicaid programs, and an increasing number of private payors, are accepting reimbursement claims for TheraTogs based on either miscellaneous or product-specific orthotics codes (the "L" code series of the HCPCS system). The key factors in the decision are the specific coverages provided by your particular insurance benefit package, and the medical necessity you can demonstrate in support of your claim.

Start by reviewing your insurance benefits literature or call your carrier to see what coverage is provided for orthotics or durable medical equipment – and note that it is always best to check with your insurance company about coverage issues before product purchases are made. This will not only avoid unexpected out-of-pocket expenses; your insurance company can also inform you of criteria or forms needed to file the claim. Knowing what you need on the front end will help avoid long delays in being reimbursed.

Your best bet is to document the needs that TheraTogs addresses, and provide validation of its benefits in the form of a simple "before-and-after" video or photos, or "before-and-after" evaluation data, such as foot print and velocity studies, and pre- and post-application functional assessment results. We can also provide basic company and product information to any funding organization that requests it.

TheraTogs systems do not (as yet) have specific codes assigned by the appropriate federal agency, although our applications and qualifying efforts are ongoing.

We have created several resources to help clinicians and patients prepare and support reimbursement claims:

- ❑ The *TheraTogs Reimbursement Guide* is a complete manual on reimbursement issues, practices, and reimbursement specifics for each TheraTogs system.
- ❑ *Product Reimbursement Guidelines* contain suggested codes, sample letters of medical necessity (LMN) and other information specific to reimbursement for each TheraTogs system.
- ❑ *TheraTogs Reimbursement Tracker* is a listing of known claims results, sorted by state, that may help you determine if reimbursement from your client's potential payor has been successful.

These resources are available by request, are included in the *TheraTogs Product Guide* binder available to healthcare and provider facilities, and can also be found on the Company website (www.theratogs.com).

Will TheraTogs, Inc. bill my insurance company?

No. TheraTogs, Inc. is the manufacturer of TheraTogs, not a provider of healthcare services. Therefore, you or your Provider of Service (medical clinician) must bill the insurance company.

What code do I use to bill TheraTogs?

TheraTogs are designed for individual use in a variety of applications in support of a wide range of therapeutic results and objectives. As a result, there is not one code pertinent to all claims. Further, your claim may require two or more billing codes. Start by finding out what type of code your insurance company requires; then refer to the reimbursement resources listed above for further guidance. You can also call our Customer Service department at 888-634-0495 – or email us at reimbursement@theratogs.com – for further assistance.

What is the reimbursement rate for TheraTogs?

The answer depends on the code(s) used, the orthotics policies of the payor, the payable benefits of your coverage policy, and even the state in which you live. We cannot predict or guarantee the amount of your reimbursement, if any. Contact your specific insurance company for reimbursement rates.

Does a prescription have to accompany the order form?

Your therapist or clinician's name and contact information is required if you place your order through the Partner Program sponsored by TheraTogs, Inc., but your clinician can also order through our distributors, or through a Provider in your area. However, a physician's prescription is often required for reimbursement; check your policy for these requirements.

What is a Class I medical device?

TheraTogs have been registered with the U.S. Federal Food and Drug Administration as a Class I Medical Device. TheraTogs systems are intended to be applied under the supervision of a licensed, healthcare practitioner.

Class I devices are subject to the least regulatory control because they present a minimum of potential for harm to the user. TheraTogs were determined to be a Class I device because they are worn on the outside of the body and have negligible potential for harm. Examples of other Class I Devices are elastic bandages, examination gloves, and hand-held surgical instruments.

Do I have to purchase TheraTogs from a medical supply company to get reimbursement?

The policy of your insurance company (including Medicare/Medicaid) may determine where you purchase your TheraTogs system. For instance, if the Carrier requires the "supplier/provider" to bill supplies directly to them, the Payor will actually make the purchase for you.

You can purchase a variety of TheraTogs systems directly through TheraTogs, Inc. or from suppliers listed on our web site. Select the Ordering section for a complete list of product sources.

My insurance company says they have never heard of TheraTogs. How do I explain what a "TheraTog" is to my insurance company?

"TheraTogs" is a brand name. When you inquire about your insurance benefits, explain the product in terms of how it will be used – such as "flexible TLSO" or "dynamic dorsiflexion assist". TheraTogs are an orthotic garment and strapping system. Other general terms to describe TheraTogs are:

- § bracing
- § splinting
- § hip, spinal, knee, or ankle orthosis.

Help yourself to the descriptive language on our website or product information to help you describe the functionality of your TheraTogs product.

My insurance company will not consider TheraTogs unless I can show medical necessity. How can I get them to understand the need for TheraTogs?

The patient's medical history, medical services provided and time spent in clinical session is documented in the medical chart each time there is an encounter with a Practitioner. The Practitioner can extract the data from the chart to develop what is commonly known as a Letter of Medical Necessity (LMN). Generally speaking, the medical necessity of the current hands-on management efforts should be closely aligned with the necessity for TheraTogs. We have a comprehensive example of what a LMN should contain in our various reimbursement resources, available on the website and by request.

When is the appropriate time to submit a Letter of Medical Necessity?

Usually, the LMN is submitted in the pre-certification / pre-authorization process, and is prepared by the provider of service. The LMN is also used in the appeals process when a claim has been denied because the insurance company does not believe the TheraTogs are medically necessary. Providers should always use the basic charting principals when recording patient encounters, keeping in mind that documentation can make the difference in an insurance company's decision to pay a claim.

I heard about TheraTogs from a friend. My Health Care Provider has never heard of them! How can I explain the product to my HCP?

Refer your provider to our web site at www.theratogs.com, or ask your clinician to provide information about your particular TheraTogs system.. You can also call our Customer Service department at 888-634-495 (available 8:30 am - 5:00 pm Mountain Time). An information packet and explanatory DVD can be sent to you or your provider at no charge.

My insurance company does not pay for supplies billed by my physical therapist. Is there another way to be reimbursed for the TheraTogs through my insurance?

Ask your insurance company what kind of healthcare provider is allowed to bill for orthotic and medical devices. You or your clinician may be able to coordinate the purchase and billing of your TheraTogs with an approved supplier (such as a durable medical equipment company, Orthotists, Physician, etc.)

Will my Clinician need a prescription to refer the purchase/billing of the TheraTogs to another healthcare provider?

The requirements for prescriptions are determined by your Provider's billing/reimbursement process. Providers will inform each other of the proper forms and criteria needed to accommodate their process. Practitioners should always give the Provider billing the insurance company the criteria needed to be reimbursed. For instance, a copy of the care plan or a brief history regarding how the TheraTogs will be used will assist in determining the correct billing code.

I have heard a lot about the benefits of TheraTogs. I don't have a healthcare provider at this time. Can I purchase the product to try on my own?

Afraid not – TheraTogs are designed to address complex neuromotor dysfunction issues using established biomechanical principles that are well known to trained clinicians. If you are not a trained clinician – such as a physical therapist, occupational therapist, or physiatrist – then you could hurt yourself or worsen your condition through a misapplication of the biomechanical forces that a TheraTogs application can generate. In short, you need a trained clinician to purchase and safely apply a TheraTogs system.