



# Anderson Music Therapy Services

Facilitating Positive Change Through Music

## Private Insurance & Music Therapy

Reimbursement from a private insurance company is on a case-by-case basis. Many factors play a part in the process; therefore it is not guaranteed that you will be reimbursed from your insurance provider. However, don't lose heart. If progress in music therapy is shown, an appeal may be made to the insurance company for them to reimburse future payments.

### The Process

- 1. Obtain doctor's orders for music therapy** as a "medically necessary treatment" **AND** a diagnosis code. The diagnosis code should be included on the script.
- 2. Call your insurance provider for pre-approval.** *First ask if music therapy is an exclusion under your plan.* If they ask what music therapy is, tell them "They are certified allied healthcare professionals, like speech therapists and mental health professionals."

They may ask for a license number. Music therapists have a national board certification through the Certification Board for Music Therapists (see below). More information can be found at [www.cbmt.org](http://www.cbmt.org). State licensure for Virginia music therapists was signed into law on July 1, 2020.

Anderson Music Therapy's organizational NPI is 1285047639.

Noel Anderson	NPI:1447528823	MT License: 08514	
Cassie Smith	NPI:1801266457	MT License: 12195	
Catherine Backus	NPI:1518471176	MT License: 11700	

### Questions to ask while on the phone with your insurance provider:

*Keep your insurance card handy. If music therapy is not an exclusion on your plan, ask to speak with a case manager.*

- "I have questions about superbills and would like to speak to a case manager."

Speaking to the case manager:

- "I want to work with an out-of-network provider. How much will you cover?"
- "Do I have to reach a deductible before you'll cover out of network office visits?"
- "Where should I mail or fax my superbills?" They might tell you it's best to have the doctor submit the superbill electronically for you. Insist on getting a physical mailing address. Emphasize that you will be mailing in the claim yourself.
- Is there a specific claim form you need submitted with the superbill? Where can I find this form?

- “How long should I expect to wait for reimbursement?” mark this date on a calendar.
- Be sure that your benefits are clear to you. Don’t be afraid to ask the same question multiple times until they answer it sufficiently.

**3. Each month you will be provided with a superbill to send to your insurance provider.**

You will receive the superbill *after* payment to AMTS. Thereby, direct payment will be made to AMTS and *you* will then be reimbursed from your insurance provider.

If you have any questions please feel free to ask, 540-384-1677 or Noel@amusictherapy.com

Sincerely,

Noel Anderson, MMT, MT-BC  
 Founder & Director  
 Anderson Music Therapy Services, LLC

## Frequently Asked Questions

**1. Are music therapists considered in network or out of network providers?**

Music therapists are considered out of network providers with all insurance companies... for now. Unfortunately, there are not enough MT’s billing insurance companies to make it worth their while to contract with individual music therapy providers and practices. As more music therapists begin billing 3<sup>rd</sup> parties it should become evident to insurance providers that contracting with MT’s will be cost saving for the insurance company as well as the member. Meanwhile, clients may request approval for temporary in network status. This request can be directed toward a plan’s case manager and is subject to medical necessity.

**2. Are music therapy services subject to deductibles? Co-pays?**

Music therapy services are subject to deductibles, co-pays, visit limits, and exclusions just like any other allied health service. It is your responsibility to be aware of your out of network deductible as this must be met before any out of network service (including music therapy) will be covered.

**3. Is there a specific cpt (current procedural terminology) code that music therapists use?**

The CPT codes that are appropriate for music therapists to utilize are not discipline specific and are also used by related healthcare professionals (i.e., physical, occupational, speech, behavioral, and recreational therapy). Once an assessment has been completed, and treatment goals have been outlined, our clinicians will choose the CPT code(s) that appropriately fits the treatment implemented. It is extremely important to communicate with other therapists involved in the client’s treatment so we can adhere to proper billing procedures and avoid a duplication of services.

**4. Does aetna/cigna/united health care/humana/bcbs/etc. cover music therapy services?**

Just because your friend has the same insurance company as you and has music therapy coverage does not mean that the same holds true for you! Every plan is different. Many plans are self-insured and funded by your employer and the insurance company just underwrites the plan. In the case of a self-insured plan it is not the insurance company's decision whether music therapy is a covered service or not, it is the employer's. Additionally, insurance providers offer many different tiered plans, changing the number of visits allowed, deductibles, co-pays, and covered services. For example, your plan might have a music therapy exclusion where another member does not.

**5. Does Medicaid cover music therapy services?**

No, but I hope that will change very soon. Many state task forces are working with their local Medicaid offices to advocate for the inclusion of music therapy as a covered service. The American Music Therapy Association is also advocating at the national level for inclusion. Right now core Medicaid does not cover music therapy services anywhere, but many state waiver programs do. Virginia does not at this time.

**7. Does insurance only cover music therapy for children?**

Of course not! Evidence-based practice and research support the use of music therapy with a plethora of ages and diagnoses, including any adult populations.

**8. Do we need a prescription for music therapy services?**

Yes! In order to bill 3<sup>rd</sup> party insurance for music therapy we must have a current prescription for services on file.

**9. What happens if a music therapy claim is denied?**

We appeal. However, please remember that our relationship is with you, not your insurance company. We do our best to fight for our client's rights to their medical and behavioral, but we do not win every fight. A verification of benefits does not guarantee coverage and an insurance company can deny a claim at any time pending medical review, visit limits, proof of medical necessity, or for no reason at all! Many times an appeal on a denied claim can take anywhere from 3 months to a year! You are financially responsible for your account at all times, regardless of whether insurance has paid claims or not. If a denial is received, we will bill the client for services while the appeal is being handled. If we receive payment from the insurance company for previously denied claims, we will reimburse the client immediately for any out of pocket expense incurred.

**10. Can I use my fsa/hsa/hra account to pay for music therapy services?**

Yes! Our practice is listed as a medical provider/service and can process FSA/HSA/HRA debit and credit cards. We can also provide an invoice for reimbursement under your health benefits.