



Sensory Stepping Stones

Frequently Asked Questions Regarding Programs & Payments

What is included in the cost of the programs?

We have set flat fees for each of the programs. These fees not only include the sessions for the particular program but also include the assessment appointment, copies of all test batteries done and meeting with participants and family members when needed.

Since there is a flat fee we are able to re-evaluate individuals within the programs as many times as they may need and do not hold the number of sessions to a “set number” for an individual to complete the program! The program all have set protocols and times that they have seen significant changes but we are able to continue sessions with an individual until they have completed their program goals that were set forth from the assessment .

Do you accept insurance for the programs offered?

No. We are a fee for service facility and do not accept private health insurance for the programs here.

Most insurance companies dictate what they consider to be covered services and then dictate the optimal frequency and duration of the course of therapy (number of sessions and fees they will give for them). Their primary interest is cost containment, whereas our interest is in providing quality care to your child and family.

Is there any re-imbusement for the programs?

There MAY be, *but there are NO guarantees*. Since I am a licensed mental health professional (LCSW), we can provide you with a 1500 statement form (including procedure and diagnostic codes) and an invoice that you can submit to your insurance carrier for “out of network” reimbursement once the program has been paid for and sessions have been completed in our office. We are only able to provide these forms for in office session dates not ones done at home.

All sessions are seen as PSYCHOTHERAPY Sessions and will only utilize “soft-diagnostic” codes like “Other Disorders of Psychological Development”, “Anxiety Disorder” or “Attention Deficit-Hyperactive Disorder” which can be considered temporary and non-threatening. All diagnostic codes are verified with parents and guardians before using them. However, many insurance companies are onto this and have been recently refusing to reimburse for “softer diagnoses”, and require more severe diagnoses. *This is something that we will NOT do here at this facility.*

We do not have any direct contact with the insurance companies when it comes to filling out forms or sending them information/reports.

*To Determine if You **May** Have Coverage:*

1. Contact your insurance carrier and ask if you have “Out of Network Mental Health Coverage”
2. Ask what amount of a deductible needs to be met for this coverage and your benefits percentage once this is met
3. If you need to give them the facility and codes prior to starting (pre-authorization) or just submit the 1500 form once the visits are completed
NOTE: All codes are below but please check with me to see which diagnostic codes I am using, just check to see which they will accept
4. What is the rate they will reimburse you for each visit - ALL codes provided below and again WHICH diagnostic code they will accept

Assessment Visit CPT Codes: 90791, 90846

Psychotherapy CPT Codes (ALL Sessions): 90834

Diagnostic Codes:

F88 - Other disorders of psychological development (sensory integration)

F90.9 - Attention-deficit hyperactivity disorder, unspecified type

F41.9 - Anxiety disorder, unspecified

F84.9 - Pervasive developmental disorder, unspecified (autism)

Melissa B Bianchini, LCSW: License # 079753-1

Tax ID Number: 45-4335518

Please note, there is NO GUARANTEE that you will receive any re-imbusement back for these services

It is YOUR responsibility to check with your provider ahead of time for acceptable codes. New, amended or replaced forms will ALL be subjected to an additional fee.