

How Much Does Aetna Pay For Physical Therapy



How much does Aetna pay for physical therapy can vary widely based on several factors, including the specific plan you have, your location, the type of physical therapy services received, and whether the provider is in-network or out-of-network. Understanding the reimbursement rates and coverage policies can be complex, but this article will break down the details for you to get a clearer picture of what to expect when it comes to Aetna's payment for physical therapy services.

Understanding Aetna's Physical Therapy Coverage

Aetna is one of the largest health insurance providers in the United States, and it offers a range of health plans that include coverage for physical therapy. The specifics of coverage can differ based on individual plans, but generally, Aetna covers physical therapy when it is deemed medically necessary.

Key Factors Affecting Payment

There are several key factors that can influence how much Aetna pays for physical therapy:

1. **Plan Type:** Aetna offers various types of plans, such as HMO, PPO, and EPO. Each plan type has different networks and rules regarding coverage.
2. **Provider Network:** Whether a physical therapist is in-network or out-of-

network can significantly impact costs. In-network providers usually have negotiated rates with Aetna, leading to lower out-of-pocket expenses for members.

3. Location: The geographic location can also affect reimbursement rates due to differences in cost of living and regional pricing for services.

4. Type of Service: The specific type of physical therapy service being provided (e.g., manual therapy, exercise therapy, aquatic therapy) can influence how much Aetna will pay.

5. Medical Necessity: Aetna requires that physical therapy services be medically necessary. This means that a healthcare provider must demonstrate that the therapy is essential for the treatment of a specific condition.

Typical Coverage Limits

Aetna typically has limits on the number of physical therapy visits covered per year. These limits can vary based on the specific plan:

- Number of Visits: Some plans may limit coverage to a specific number of visits per year (e.g., 20 visits).
- Annual Deductible: Members may need to meet an annual deductible before Aetna starts to cover physical therapy costs.
- Co-payments and Co-insurance: Depending on your plan, you may be required to pay a co-payment (a fixed amount) for each visit or co-insurance (a percentage of the total cost).

Understanding Reimbursement Rates

Aetna's reimbursement rates for physical therapy can differ based on several factors, including the type of therapy provided and whether the therapist is in or out of the network.

In-Network vs. Out-of-Network Reimbursement

1. In-Network Providers: When you receive care from an Aetna in-network provider, the reimbursement rates are typically higher. This means that Aetna will pay a larger portion of the therapy costs, and you will have lower out-of-pocket expenses.

2. Out-of-Network Providers: If you choose to see an out-of-network provider, Aetna may still provide some coverage, but the reimbursement rate will

generally be lower. This could result in higher costs for you as a member.

Average Payment Estimates

While exact payment amounts can vary widely, average costs for physical therapy sessions range from \$75 to \$150 per session. Aetna's payment for these sessions can look like this:

- In-Network Payment: Aetna may reimburse approximately 60% to 80% of the allowed amount.
- Out-of-Network Payment: Aetna may reimburse approximately 50% to 70% of the allowed amount, which can lead to higher out-of-pocket expenses for patients.

Steps to Find Out How Much Aetna Pays for Your Physical Therapy

If you want to understand how much Aetna will pay for your physical therapy, follow these steps:

1. Review Your Plan Documents: Start by looking at your specific Aetna plan documents or member handbook to understand coverage limits, co-pays, and deductibles.
2. Check Provider Network: Use Aetna's online directory to find out if your physical therapist is in-network. This can significantly affect your costs.
3. Contact Aetna Customer Service: For personalized information, call Aetna's customer service. They can provide detailed information about your plan and explain how much is covered for physical therapy.
4. Ask Your Physical Therapist's Office: The staff at your physical therapy provider can also assist you in understanding the costs and what Aetna typically reimburses for their services.

Additional Considerations

There are some additional considerations you should keep in mind when seeking physical therapy coverage through Aetna:

Prior Authorization

Some plans may require prior authorization for physical therapy services.

This means that your healthcare provider must submit a request to Aetna to verify that the therapy is medically necessary before treatment begins.

Appealing Denied Claims

If Aetna denies a claim for physical therapy, you have the right to appeal the decision. The appeals process typically involves the following steps:

1. Review the Denial Letter: Understand why your claim was denied.
2. Gather Supporting Documentation: Collect any necessary medical records or additional information that supports the medical necessity of the therapy.
3. Submit an Appeal: Follow Aetna's instructions for submitting an appeal, which can often be done online or via mail.

Alternative Therapies

Aetna may also cover alternative therapies related to physical rehabilitation, such as chiropractic care or occupational therapy. Check with your plan to see what other services may be covered.

Conclusion

In conclusion, how much does Aetna pay for physical therapy depends on multiple factors, including your specific plan, provider network status, and the type of services received. By understanding your coverage, checking provider networks, and being aware of the appealing process for denied claims, you can navigate Aetna's physical therapy reimbursement more effectively. Always refer to your plan documents or contact Aetna directly for the most accurate and personalized information regarding your coverage.

Frequently Asked Questions

How much does Aetna typically reimburse for physical therapy sessions?

Aetna typically reimburses between \$50 to \$150 per session for physical therapy, depending on the specific plan and location.

Are there any copays for physical therapy visits under Aetna plans?

Yes, many Aetna plans require a copay that can range from \$20 to \$50 per visit for physical therapy, depending on the specific policy.

Does Aetna cover physical therapy for chronic conditions?

Yes, Aetna covers physical therapy for chronic conditions if deemed medically necessary by a healthcare provider.

Is there a limit to the number of physical therapy visits covered by Aetna?

Aetna may impose limits on the number of physical therapy visits covered, which can vary by plan; typically, it ranges from 20 to 50 visits per year.

How can I find out my specific Aetna physical therapy benefits?

You can find your specific Aetna physical therapy benefits by reviewing your plan documents or contacting Aetna customer service directly.

Do I need a referral for physical therapy under Aetna?

In most cases, a referral from a primary care physician is required for physical therapy under Aetna plans, but this can vary by plan.

Are all physical therapy providers covered by Aetna?

Not all providers may be covered; it's important to ensure your physical therapist is in-network to receive full benefits under Aetna.

What documentation does Aetna require for physical therapy claims?

Aetna typically requires a physician's prescription and treatment notes from the physical therapist to process claims for reimbursement.

Can I appeal if Aetna denies coverage for physical therapy?

Yes, if Aetna denies coverage for physical therapy, you can file an appeal by providing additional medical information to support your case.

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