THE PAPERWORK BETWEEN DIAGNOSIS AND THERAPY

Insurance, in plain language.

Nobody hands parents a translation guide for the system that decides what gets covered. This is that guide — the words, the process, and the questions that save families months. **It's general information, not advice about your plan** — but it will make every call you make shorter and sharper.

THE WORDS, DECODED

In-network	The provider has a contract with your insurer. Out-of-network usually means higher costs — sometimes much higher. Always ask which one a provider is for your specific plan.
Deductible	What you pay out of pocket each year before the plan starts sharing costs.
Copay / coinsurance	Your share of each visit after the deductible — a flat fee (copay) or a percentage (coinsurance).
Out-of-pocket max	The most you'll pay in a year. After this, covered services are typically paid in full. For families in intensive therapy, this number matters more than the copay.
Prior authorization	The plan's advance approval for a service. Much of autism therapy runs on authorizations — they're normal, and they expire and renew on a cycle.
EOB	"Explanation of Benefits" — the statement showing what was billed, what the plan paid, and what's yours. Not a bill, but worth reading. Keep them.

THE ONE QUESTION ALMOST NOBODY TELLS PARENTS TO ASK

> **"Is our plan fully insured, or self-funded?"** Ask HR this exact question. Fully-insured plans in Wisconsin are subject to a state law requiring coverage of evidence-based autism treatment. Self-funded employer plans follow federal rules instead and set their own terms — many cover autism services anyway, but the rulebook is different. Knowing which type you have tells you which rights you're standing on, and it changes how you appeal a denial.

Two more Wisconsin facts worth knowing: **Wisconsin Medicaid (ForwardHealth / BadgerCare Plus) covers behavioral treatment for autism**, and a child can be covered by Medicaid alongside a parent's commercial plan — families are sometimes eligible without knowing it. Eligibility rules are the state's, not ours: forwardhealth.wi.gov has the current details.

THE AUTHORIZATION LOOP (IT'S A CIRCLE, NOT A LINE)

1. **Assessment gets authorized**
   The plan approves the provider's initial assessment of your child.

2. **A treatment plan goes in**
   The provider submits goals and recommended hours. The plan authorizes a set amount of service for a set period.

3. **Therapy runs against the authorization**
   Ask your provider: what exactly was authorized, and through what date? You're allowed to know. Write it down.

4. **Reauthorization**
   Before the period ends, the provider submits progress data and a renewal request — then the loop repeats. Good providers manage this calendar; great ones tell you where things stand before you ask.

EVERY PHONE CALL, WRITE DOWN THREE THINGS

- **The date, the person's name, and the reference number** for the call. Insurance disputes are won by the parent with the better notebook.

IF YOU GET A DENIAL

- **A denial is a step, not a verdict.** Plans are required to have appeal processes, and denials get overturned regularly.
- Ask for the denial **in writing**, with the specific reason and the clinical criteria used.
- Ask your provider to help — they've appealed before, and their clinical documentation is usually the strongest evidence.
- Mind the deadlines: appeals have time limits. The denial letter states them.

QUESTIONS THAT MAKE ANY PROVIDER'S BILLING TEAM RESPECT YOU

- Are you in-network with my specific plan — not just my insurance company?
- What will you handle, and what's my part — referrals, authorizations, renewals?
- What does a typical family with my plan actually pay per month?
- Who calls whom when an authorization is about to lapse?

Why we made this

Fathom North is a pediatric therapy clinic being built in Oak Creek. Credentialing with Wisconsin payers is part of building it — which means we're living this system's paperwork right now, from the other side. **More guides in this series at fathomnorth.com.**

This guide is general educational information, current as of August 2026. Insurance benefits vary by plan and change over time; nothing here is legal, financial, or clinical advice, and nothing here describes Fathom North's own network status. Confirm details with your plan and your providers.