

# Know Your Insurance Policy Benefits

**Call your insurance company, ask them the following questions, complete the form, and return it to us via email at [info@accessibletx.com](mailto:info@accessibletx.com).**

Policy Holder's Name: _____	Client's Name: _____
Policy Holder's D.O.B: _____	Client's D.O.B.: _____
Insurance Co: _____	Plan Name/Program Name: _____
Insured ID#: _____	Policy Group#: _____

**1. PROCEDURE CODE FOR SERVICE(S):**

Are the following CPT codes covered? # **92507** (speech therapy; individual)  Yes  No, #**92508** (speech therapy; group)  Yes  No, or #**92609** (speech-generating device (SGD) related services)  Yes  No

A. If no, contact our office for private pay options.

**2. DIAGNOSIS CODE(S):**

If yes, do they provide coverage for your child's diagnosis? Get the code(s) from your doctor. If your child has multiple diagnoses, then ask for each ICD-10

code: - Diagnosis name: \_\_\_\_\_, ICD-10 code: \_\_\_\_\_, covered:  Yes  No

- Diagnosis name: \_\_\_\_\_, ICD-10 code: \_\_\_\_\_, covered:  Yes  No

- Diagnosis name: \_\_\_\_\_, ICD-10 code: \_\_\_\_\_, covered:  Yes  No

**3. PLACE OF SERVICE:**

Does it matter where services are provided?  Yes  No

A. If yes, ask if each Place of Service code is covered: #11 (in office)  Yes  No, #12 (in-home)  Yes  No, or #99 (other places of service)  Yes  No

There is no in-community place of service code.

a. There can be different coverage rates for facility and non-facility services. Ask what the different rates are: Facility = \$ \_\_\_\_\_ and Non-facility=\$ \_\_\_\_\_

**4. QUANTITY AND RATES:**

Is there a limited number of sessions covered per year?  Yes  No

- 1.If yes, how many? \_\_\_\_\_
- 2.What amount or percentage will they cover per session? \$ \_\_\_\_\_ or \_\_\_\_\_ %
- 3.For what duration can the limited number of sessions be used: a calendar year, fiscal year, a year from starting services, or other? \_\_\_\_\_
- 4.Does the rate the insurance company pays change after so many sessions?  Yes  No
  - a. If yes, how many are covered at what rate, and then what does the payment rate change to? \_\_\_\_\_

**5. DEDUCTIBLE:**

Is there a deductible that must be met before utilizing your benefits?  Yes  No

- A. If yes, how much is the deductible? \$ \_\_\_\_\_
- Do you know if this has been met?  Yes  No

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### **6. PRE-AUTHORIZATION**

- A. Do I need Pre-authorization from my primary care doctor for speech therapy?  Yes  No
- B. If yes, what does my doctor need to include in the pre-authorization (prescription)?

### **7. QUESTIONS ABOUT REIMBURSEMENT**

- A. What is the difference in coverage of out-of-network vs. in-network? \_\_\_\_\_
- B. What is the deductible for out-of-network? \_\_\_\_\_
- C. How much of the deductible has been met? \_\_\_\_\_
- D. Do I have a co-payment or is there a percentage of the bill I will be responsible for when it comes to out-of-network speech therapy visits?  Yes  No
- A. How much? \_\_\_\_\_
- B. Do I have co-insurance?  Yes  No
- C. How much? \_\_\_\_\_
- D. What is my out-of-pocket maximum? \_\_\_\_\_

### **8. SUBMITTING REIMBURSEMENT**

- A. What do I need to do to submit for reimbursement of speech therapy services? \_\_\_\_\_
- B. Where do I send the Superbill? \_\_\_\_\_