

How To Verify Your Speech Therapy Benefits

This form will walk you through verifying your speech therapy benefits. There are two parts of the call. The first part of the call will be automated, and the second part involves talking to a live human being for additional information. **If you do not complete both parts and get ALL the information, your services may be denied.** Unfortunately, many of the diagnoses that we work with at speech IRL are commonly excluded from insurance plans. Because of this, we strongly encourage our clients to verify the full details of their coverage, to prevent unexpected denials and charges.

Review this guide fully before calling your insurance. You will need to ask us for billing codes before you call.

PART 1: AUTOMATED INFORMATION LINE

1. Call the customer service / member services phone number on the back of your insurance card
2. Follow prompts to “Verify coverage” or “Verify eligibility and benefits”

Service: **speech therapy**

Location: **office** and/or **telepractice**

Network level: **out-of-network**

3. Listen the automated readout of benefits, and complete the following:

Is speech therapy covered? Y / N

How many visits are allowed per year?

Annual deductible:

Amount of deductible met to date:

What % of charges are covered after the deductible is met?

Co-pay (if any):

Note: in most cases, there is either a deductible with a % OR a copay, rarely both

Is preauthorization required? Y / N

4. When this readout is complete and the system asks “Would you like to check another benefit?”, **ask for “Customer Service” or press 0**. This will take you to a live representative.

IT IS VERY IMPORTANT THAT YOU SPEAK TO THE LIVE REPRESENTATIVE. You will not be able to verify the diagnosis codes without speaking to the live representative. The above information is NOT a guarantee of coverage. Many speech diagnoses are excluded from coverage, so you should not assume that your diagnosis code(s) warrant coverage.

PART 2: VERIFY DIAGNOSIS WITH LIVE REPRESENTATIVE

1. When the live representative greets you, say:

“I would like to verify my coverage for speech therapy for specific diagnosis and procedure codes for out-of-network services.”

2. The representative will ask you for the codes. Provide the following:

My CPT procedure codes are: [ask your provider for this information]

My ICD-10 diagnosis codes are: [ask your provider for this information]

3. Write down which code(s) are and are not covered.

What if none of my codes are covered?

Unfortunately, this happens a lot. We cannot bill alternative incorrect diagnosis codes solely to get coverage (that is insurance fraud). If these codes are not covered, that sadly means that our services do not qualify for coverage under your insurance plan.

4. Ask for a reference number for the call, in case there is an issue later.

Call reference number:

WHEN YOU ARE FINISHED

Email your clinician with the code(s) that were listed as eligible.

If preauthorization is required, let your clinician know. This means we will need to submit paperwork to your insurance plan *prior* to beginning therapy. If the paperwork is not submitted, your services will be denied. Our office will handle the preauthorization process. **If preauthorization is required, we recommend delaying the start of services** until this process is complete, so that you do not incur additional costs.

Questions?

Contact your clinician, or email admin@speechIRL.com.