

THE CENTER FOR SPEECH EXCELLENCE

Insurance Fact Sheet

Reimbursement for speech pathology services from insurance companies often require additional explanation and documentation before claims are approved and paid. This office is happy to review with you any problems you have with insurance reimbursement. We will provide you and your doctor the necessary documentation to support your claims. The following article provides some general information and guidelines that you may find helpful.

When insurers deny claims, don't give up!

Many people feel once the decision is made by their insurance carrier to deny or reduce their claim payment, there is nothing that they can do to make them pay up!

If your insurance company fails you, it's not the end, it is just the beginning. There is a great deal you can do without having to go to your lawyer in order for you to get what you deserve, which is fair and honest treatment from your carrier. If you feel you have been treated unfairly, remember one thing: the squeaky wheel gets the grease.

The first thing you need to do when you have a problem with a claim is to call the carrier and ask to speak to the supervisor of the Claims Department. Try to avoid talking to the telephone service representative. The best way to do this is to say that your problem is complicated and only a claims supervisor can help. Have the supervisor explain in detail why the claim was denied or the payment was reduced below what you had expected. Write down as much as you can of what you are told and always get the first and last name of your contact for your records. Try to get the person to review your case again, stating that you feel the claim was handled incorrectly.

If the supervisor states the claim was not handled incorrectly, tell him or her you strongly disagree with the decision and that you want to know whom to write to in order to appeal the decision. Say you want an impartial party to review the appeal, not the same person who denied your claim or the supervisor who probably approved the denial.

When it comes to writing your appeal letter, state **clearly** and **concisely** all the reasons you feel the claim should be paid in full. Include factual statements from your doctor to support your arguments, such as symptoms experienced and/or the success of the treatment. If applicable, state that the form of treatment selected was cost effective as compared to other more radical forms, such as surgery.

Always try to reference the specific definition(s) in the policy or certificate that they are basing their denial upon, such as the medical necessity or cosmetic surgery definition.

Pamela H. Bashor and Associates

Speech and Hearing Building, Suite 202, 320 Lillington Avenue, Charlotte, NC 28204

Phone: 704/375-5231, Fax: 704/376-6259, www.speechexcellence.com

Use these definitions to show how your treatment falls squarely under the terms outlined and how it does not fall under what is contained in the exclusions section of your policy. By doing this, it makes it much more difficult for the carrier to continue to deny your claim, because you have just proved to them that your treatment falls within the coverage limits of the policy.

The carrier must abide by the terms and conditions set forth, since it is a legal and binding contract. The whole idea is to force the carrier to see the facts and abide by what is written in the contract rather than in the company's procedure manual. You should know that whenever there is a grey area of interpretation, the benefit of the doubt must go to the insured person...you!

In ending any appeal letter, always state that if the reviewer still determines your claim is not payable, you will need specific reasons for their decision and they must relate directly to your condition and treatment. Tell them that you will not accept a denial letter that contains statements such as "After reviewing the file it is their opinion the claim is not payable" or "The treatment does not appear to be medically necessary, based upon review of the information in file" or "Your treatment falls under the exclusions in the policy". Advise them that if the claim is still denied you will need a detailed explanation as you intend to bring this matter to the attention of your attorney. This little notation, in and of itself, sometimes brings about the action you desire. Let them know all along the way that you do not intend to drop the issue until you are satisfied with the result.

Let me assure you that the time you put into appealing your claims is worth the effort. Years of experience in a claims environment has shown me that about 90% of the people who put up a good fight against their carrier come out ahead. So remember, fight for your rights and be a winner!

ASHA Magazine, June/July 1993 issue

By: Mary Thompson, an insurance consultant in Flowery Branch, Georgia, with 14 years experience in claims management.

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