

# HOW TO REQUEST INSURANCE REIMBURSEMENT

**NOTE:** Your service fee is due 14 days after you receive your monthly invoice unless otherwise agreed upon before your child's first session. You can file a claim using the coded invoice I provide and receive a check directly from your insurance company.

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## **BEFORE SCHEDULING, PLEASE CALL YOUR INSURANCE COMPANY AND ASK THESE QUESTIONS:**

- Does my policy cover a licensed speech language pathologist who is out-of-network?
- My therapist reports session dates, CPT codes, diagnostic ICD-10 codes and fee for services. Is any more information required?
- What is the allowed amount of the fee for Treatment of Speech, Language or Communication Disorder (CPT code 92507) or Therapeutic services for use of speech-generating device, including programming and modification (CPT code 92609).
- If your insurance company will not accept an out-of-network provider you can ask about "**gap exceptions.**" Gap exceptions can be used to see an out-of-network provider. They apply when there are *no equivalent in-network specialists* of the provider you want to see within a certain mileage radius or if your child has a condition that requires treatment by a specialist but there are no specialists in your area. For example if your child uses an Alternative and Augmentative Communication (AAC) device and the closest therapist who specializes in AAC is over 20 miles away.

## **REASONS I DO NOT CONTRACT WITH INSURANCE COMPANIES AT THIS TIME:**

- **Your needs come first.** Insurance company contracts could require me to put the needs of the company ahead of your child's needs. They may refuse to allow me to advocate for you.
- **Effective therapy requires privacy and confidentiality.** Insurance company contracts would require me to give information about the content and progress of your child's treatment to employees of the company. I would not have control over what I choose to do with our child's information or whether they protect it.
- **Only YOU and I can determine whether treatment is working.** If I contract with your insurance company, their employees may make this judgement without ever having met your child or worked with them. Often times you are limited to a specific number of sessions. Insurance companies are concerned about meeting goals and require justification in order to continue services. For children with specific conditions they do not always understand that in order to make progress a child needs to meet smaller objectives before eventually mastering the bigger goal.

- **You get what you pay for.** Insurance companies often pay lower fees for services. Therapists typically overload their practices to cover costs. This usually includes less therapy time for your child so that paperwork can be completed and submitted. I would rather use my time to provide high quality services for a limited number of patients. Not taking insurance also allows me to see your child in a comfortable environment like your home if you prefer. Being able to do this involves travel time which is included in my therapy fee.

## **HOW TO SAVE MONEY ON THERAPY**

- Your out-of-pocket medical expenses can be reduced if your employer offers a pre-tax medical flexible spending account (FSA) or if you have a health saving account (HSA).
- You could apply for local grants to help subsidize your therapy costs.