



Out-of-Network Insurance Reimbursement Guide

At this time, Talking in Strides LLC is not an in-network provider with your insurance company. As a courtesy to our clients, we have created this document with questions you may want to ask your insurance provider to assist you with receiving reimbursement for services if you decide to seek insurance reimbursement. This form is intended to serve as a resource, and is not intended to be considered insurance advice. Due to the differences among providers, this list is likely not exhaustive, but we hope that it will help you to become more informed of your plan's benefits.

In some cases, partial or total cost of an evaluation or therapy session is reimbursed. Your insurance company may directly reimburse you for any covered services. However, not all services are covered benefits under all insurance contracts. Knowing your out-of-network insurance benefits is your responsibility. Clients should check with their insurance provider regarding any questions surrounding coverage and reimbursement. As we do not bill your insurance for you or receive any reimbursement from your insurance company, payment is the client's responsibility and is due at each visit, whether the insurance company reimburses you for our services or not.

In the event the insurance company requests additional documentation such as evaluation results or therapy session notes, we will work with you to provide the necessary documentation, but we are not responsible for your insurance's coverage/reimbursement determinations. We will gladly provide you with a coded itemized receipt of your visits (also known as a "superbill") that you may submit to your insurance provider for potential reimbursement.

HOW TO CHECK YOUR OUT-OF-NETWORK COVERAGE AND BENEFITS:

Plan to have 15-30 minutes of your time available to call your insurance company. Make sure to have this information ready before your call:

- Insurance card
- Name, Date of Birth, Address, Phone Number, or possibly social security number of the cardholder or person for whom the services are for

- Pen and paper/notepad

OUT-OF-NETWORK BENEFITS:

The representative of your insurance carrier may ask for the following information:

- Therapy Company Name: **Talking in Strides, LLC**
- Tax ID (EIN): **883945725**
- NPI Number: **1134840770**
- Address: **19 Hilltop Road Weston, MA 02493**
- Phone: **339-793-3684**
- Email: **laura@talkinginstrides.com**

INFORMATION TO DOCUMENT DURING THE CALL:

- Name of the Customer Services Representative
- Date of call
- Time of call

QUESTIONS TO ASK:

- Does your plan include “out-of-network” coverage for speech therapy?
- If so, how much is covered? (usually expressed as a percentage)
 - What is the coinsurance percentage for speech and language services?
- Is there an annual deductible for out-of-network speech therapy?
 - If so, how much?
 - How much of my out-of-network deductible has been met?
- Is there a limit on the number of sessions your plan will cover per year?
 - If yes, how many?
- Is there a limit on out-of-pocket expenses per year?
- Does your plan require pre-authorization for speech therapy?
- Do I need a physician’s referral for speech and language therapy services?
- What is the policy year (i.e., Jan 1-Dec 31)?

(The next question is tricky, but important. Many insurance companies may only cover speech and language therapy due to “medical necessity.” This typically means that they do not cover speech and language services for “developmental” diagnoses. If your child has a specific medical diagnosis,

such as stroke, hearing loss, autism, Down Syndrome, etc., please contact your pediatrician for correct diagnosis codes. We have provided some examples of developmental diagnosis codes below).

- Are there any conditions on the types of speech and language diagnoses the policy will cover? In other words, do you cover speech therapy for developmental ICD-10 codes, such as F80.81 (childhood onset fluency) or F80.0 (phonological disorder)?
- Can I submit a Superbill? If so, what is the process for filing a claim with a Superbill?
 - What additional forms do I need to submit when filing my claim?
 - Can I file my claim online, or do I need to mail/fax it to you?
 - Do claims need to be filed within a specific time frame following the service?
 - How long does it take to process my claim?
 - How do I appeal if a claim is denied?
- Is there anything else I need to know about my specific plan in order to access speech and language services?

SPEECH AND LANGUAGE EVALUATIONS AND THERAPY CODES:

The representative may ask for a Clinical Procedure Terminology (CPT) code for the service you plan to receive to find out your reimbursement rates. Please note that the CPT codes for services are as follows (you can refer to your superbill, or your therapist can help you determine with CPT codes apply to you):

- **92523** Evaluation of speech AND language (articulation plus expressive & receptive language)
- **92521** Evaluation of speech fluency
- **92522** Evaluation of speech sound production
- **92507** Treatment of speech, language, voice, fluency – individual therapy

Talking in Strides LLC accepts cash, checks, and venmo as payment for services.