

FINANCIAL INFORMATION SPEECH-LANGUAGE EVALUATION/THERAPY

Children's Program Speech Language Pathology (SLP) services are in network with most policies from the following insurance plans:

- Blue Cross Blue Shield
- Providence
- Pacific Source
- Cigna
- Aetna
- First Choice

Insurance benefits for speech and language services vary greatly. It is your responsibility to understand these insurance benefits before your visits occur. We cannot guarantee services will be covered/paid for by your plan.

We strongly recommend a call to your insurance company PRIOR TO YOUR FIRST VISIT. Use the questions below to gather information about in-network or out-of-network benefits.

IN NETWORK:

1) Is speech language therapy a covered benefit in my plan?

You may need to provide the insurance company with the procedure (CPT code) for the visit. Common CPT procedure codes include the following:

- SLP evaluations: 92521, 92522, 92523, 92610
- SLP therapy/treatment: 92507, 92526, 92508

You may also be asked for a diagnosis (ICD-10) code. If your child doesn't yet have a diagnosis your clinician will identify the diagnosis codes during the initial evaluation.

2) How many visits are allowed per year? Is this benefit combined with other therapy services (e.g. occupational therapy, chiropractic, physical therapy?) Are visits counted by a calendar or plan year?

3) Are benefits subject to a deductible? What is the deductible? Once met, what is the co-payment or co-insurance?

4) What are the exclusions of the benefit plan? Be aware that plans may exclude specific diagnosis codes such as developmental codes, or may provide coverage only for injury, illness, or congenital anomalies).

5) Is pre-authorization and/or a physician referral required?

If Children's Program is in-network with your insurance, you will be responsible for paying the deductible and copayment or co-insurance at each visit. You will be responsible for the full cost of appointments that are not covered due to benefit limits, policy exclusions or if the policy visit limit is exceeded.

OUT OF NETWORK:

If Children's Program is not in network with your insurance, you will be responsible for paying for services in full at the time of each appointment. Ask these questions to determine if you can obtain reimbursement by self-billing the insurance company/.

1) Does my plan offer out-of-network benefits for speech language therapy?

You may need to provide the insurance company with the procedure (CPT code) for the visit. Common CPT procedure codes include the following:

- SLP evaluations: 92521, 92522, 92523, 92610
- SLP therapy/treatment: 92507, 92526, 92508

You may also be asked for a diagnosis (ICD-10) code. If your child doesn't yet have a diagnosis your clinician will identify the diagnosis codes during the initial evaluation.

2) How many visits are allowed per year? Is this benefit combined with other therapy services (e.g. occupational therapy, chiropractic, physical therapy?) Are visits counted by the calendar, or the plan year?

3) Are benefits subject to a deductible? What is the out-of-network deductible? Once met, what is the usual and customary reimbursement amount for the procedure being billed? What will be the out-of-pocket cost?

4) What are the exclusions of the benefit plan? Be aware that plans may exclude specific diagnosis codes such as developmental codes, or may provide coverage only for injury, illness, or congenital anomalies)

5) Is preauthorization and/or a physician referral required?

6) What paperwork/information will I need to provide to my insurance company for reimbursement?

7) How and where do I submit claims? What is the time period between submission and reimbursement? Is pre-authorization and/or a physician referral required?