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 SpeakStrong Therapy information:

Therapy Company Name: SpeakStrong Therapy
Tax ID (EIN): 42-2260126
NPI Number: 1730017575
Address: 425 College Dr. S STE 15
Devils Lake ND 58301
Phone: 701-347-1188
Email: rachelguam@speakstrongtherapy.com

INFORMATION TO DOCUMENT DURING THE CALL:

·Name of Customer Service Representative
·Date of call
·Time of call

QUESTIONS TO ASK:
· Does your plan include "out-of-network" coverage for speech therapy?
· 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?
· What is your coinsurance percentage for speech therapy?
· Does your plan require pre-authorization for speech therapy?
· Does your plan require a referral for speech therapy?
· What is the policy year (i.e., Jan 1 – Dec 31)?
· 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 timeframe following the service?
- How long does it take to process my claim? How do I appeal if a claim is denied?

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 invoice, or your therapist can help you determine with CPT codes apply to you):

·92521 Evaluation of speech fluency
·92523 Evaluation of speech AND language (articulation plus expressive & receptive language)
·92522 Evaluation of speech sound production (articulation, phonology, apraxia)
·92610 Evaluation of feeding, swallowing
·92607-92608 Evaluation, prescription for a speech-generating augmentative and alternative communication device (AAC)

·92507 Treatment of speech, language, voice, fluency – individual therapy
·92526 Treatment of swallowing dysfunction and/or oral function for feeding
·92609 Treatment for the use of a speech-generating augmentative and alternative communication device (AAC) Out-of-network reimbursement is the client's responsibility.

In the event the insurance company requests additional documentation such as a Letter of Medical Necessity, therapy session notes, etc., we will work with you to provide the necessary documentation. However, this can be very time-consuming, and thus, any support for your out-of-network reimbursement that requires an excess of 15 minutes of your therapist's time will be billed to you at an hourly rate of $100/hour. We highly recommend submitting your Superbills monthly to ensure any denials or additional documentation requests can be handled in a timely manner.