



Questions to ask insurance

Your therapist may provide possible diagnostic and procedure codes. You may wish to enter those here to make discussion with your insurance company more efficient. Know that codes are based on typical referrals and cannot be confirmed until an assessment has been completed.

Diagnostic Codes (ICD-10):

Procedure Codes (CPT): 92526 (swallowing therapy) or 92507 (speech therapy)

During COVID all in-person sessions: CPT 99072 (additional supplies/cleaning)

The following questions are not intended to be an exhaustive list, but this should START the conversation with your insurance company.

- 1) Does your policy cover Speech—Language Therapy?
- 2) Does the insurance company require a specific modifier for services (e.g., GN or 95)?
- 3) Do you cover out-of-network providers for speech-language therapy services? *If they say no, ask about the process for GAP coverage. It may take some paperwork, but is often worth it! You may also wish to ask for a list of in-network providers who are currently accepting patients for your specific concerns.*
- 4) Do you cover sessions delivered via tele-health (secure video communication e.g., Zoom, Skype, Doxy)?
- 5) Are there any conditions on what kinds of speech and language disorders are covered? *Sometimes the answer is yes, such as only if there has been an accident or other diagnosis (e.g., Autism or Parkinson disease) which is related to the presenting concern. This could mean that speech therapy is not covered even if the codes are listed in your plan.*
- 6) Are there any financial limitations on this coverage, such as the number of visits allowed per year or the percentage covered if out-of-network? *If you have a medical/health savings plan, those funds may be used to cover evaluation and therapy services.*
- 7) How many sessions/amount do they allow per treatment period, calendar year, or lifetime?
- 8) Do they require supporting documentation or a referral? *Meaning, even if you have coverage, without supporting documentation, services won't be covered. Do you need to be referred by your primary care provider?*
- 9) Do you require an assessment report? *I include an assessment summary, your insurance may require a full evaluation report.*
- 10) Do you require a referral/prescription from a physician? *Most insurance companies do not require this, but it is better to ask! Know that some companies require BOTH a referral and a prescription.*

Other information your insurance company may require:

- Clarity Speech Therapy is private pay only. We do not get involved with the insurance company nor respond to any requests from insurance. We are happy to respond to your requests to provide documentation, but will require your permission to do so, and will bill for our time.
- You will be provided with a Superbill receipt (with the diagnostic and procedure codes on it) to support your insurance claim.
- I am a licensed Speech Language Pathologist. The California speech-language pathology license, American Speech-Language Hearing Association (ASHA) license, and National Provider Identifier numbers will all be provided on the Superbill receipt.