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Parent Guide: How to file for Out-Of-Network Benefits

Every insurance company has different policies. Therefore, it's best to call your insurance company to:

- Obtain your plan benefits.
- Determine the process for filing out-of-network services.
- Ask how to submit a claim for reimbursement for the services you've already paid for with a superbill.

1. Call the phone number for "Members" or "Members Services" on the back of your healthcare insurance card.

- Document your conversation:
 - Write down the person/name you spoke with
 - Date of call
 - Time of call

2. Tell the representative you want to verify out-of-network speech therapy coverage and verify how to submit a Superbill.

3. Have the following information ready and available in the event the representative needs it:

Insured's Name

Patient's name

DOB

Insurance Member ID

Policy/Group Number

Provider: Zoie Stewart M.S., CCC-SLP at The Speech Spot, LLC

KS State License #: 5233

ASHA Certification: # 14310949

Individual NPI #: 1104620004

Organizational NPI #: 1922802826

Questions to ask while speaking with your insurance company:

- What is my coverage for Speech Therapy benefits?
- Do I need pre-authorization for Speech Therapy? If so, how do I obtain it?
- What forms do I need to submit when filing my claim?
- Where can I find the forms on your website? Can you email me a copy?
- Can I file my claim online or do I need to mail/fax it to you?
- Do I need to file my claim within a certain amount of time after the date of service?
- How long does it take to process my claim?
- Do I need a superbill from the speech therapist?
- How long does it take to process my claim?
- What can I do if you deny the insurance claim?
- What is the process for filing a claim after I have a superbill for services?

Your insurance company MAY want to know which charge codes and diagnosis codes will be used. During our initial phone consultation, I may be able to let you know which of the following codes you should tell your insurance company. They will be my best estimate, based on the information you provide, but they may change after the formal evaluation. The actual diagnosis codes will be determined at the time of the evaluation. If your insurance company asks for any codes, you can find a list of our most commonly used charge codes (CPT) and diagnosis (ICD-10) codes on the next page.

Speech Therapy CPT Codes:

- 92521 - Evaluation of speech fluency
- 92522 - Evaluation for speech sound production
- 92523 - Evaluation for speech AND language comprehension & expression (e.g., receptive/expressive language)
- 92524 - Behavioral and qualitative analysis of voice and resonance
- 96105 - Assessment of Aphasia
- 96125 - Standardized cognitive performance testing
- 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
- 97129 - Therapeutic interventions that focus on cognitive function; initial 15 minutes
- 97130 - Therapeutic interventions that focus on cognitive function; each additional 15 minutes

Speech Therapy Diagnosis (ICD-10) Codes:

- F80.0: Phonological disorder
- F80.1: Expressive language disorder
- F80.2: Mixed receptive-expressive language disorder
- F80.4: Speech and language development delay due to hearing loss
- F80.81: Childhood-onset fluency disorder (stuttering)
- F82: Specific developmental disorder of motor function
- R41.841: Cognitive communication disorder
- R47.01: Aphasia
- R47.1: Dysarthria and anarthria
- R47.89: Other speech disturbances
- R48.2: Apraxia of speech
- R48.8 Other Symbolic Dysfunction
- R49.0: Dysphonia