



BeSpoke Speech Therapy, LLC
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Suggested Questions for Your Insurance Provider

As a courtesy to our clients, we have compiled a list of questions that you may want to ask your insurance provider if you decide to seek insurance reimbursement. This form is intended to serve as a resource, and it 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 benefits.

Not all services are covered benefits under all insurance contracts. Clients should check with their insurance provider regarding any questions surrounding reimbursement. All charges are the client's responsibility, whether the insurance company reimburses our services or not. Any payment arrangements and communication regarding coverage is between you and your insurance company.

If requested, we can provide you with evaluation results and treatment notes, but we are not responsible for your insurance's coverage/reimbursement determinations. We will gladly provide you with coded itemized receipt of your visits (also known as a "superbill") that you may submit to your insurance provider for potential reimbursement.

• **Do I have out of network coverage for speech and language services?**

• **If so, how much is covered (usually expressed as a percentage)?**

___YES ___NO

• **Can I get reimbursed for the CPT codes 92523 (evaluation) and 92507 (treatment of speech-language services)?**

___YES ___NO

- **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?**

___YES ___NO

- If yes, how many visits/year? _____
- Have we met the deductible? _____
- When does my policy year start/end? _____

(This 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 a stroke, hearing loss, autism, Down Syndrome, etc., please contact your pediatrician for the 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)?**
- **Do I need a physician's referral for speech and language therapy services?**

___YES ___NO

- **What do I need to provide the insurance company for reimbursement?**
- **Is there anything else I need to know about my specific plan in order to access speech and language services?**

BeSpoke Speech Therapy, LLC accepts checks and major credit cards as payment for rendered services. Under most policies, you are able to use your Flexible Spending Account or Health Savings Account to pay for speech and language services.