



What You Need to Know About Insurance Coverage

Navigating health insurance benefits is a daunting task for most. As a professional courtesy, we will try to assist you in determining whether or not your child's speech therapy services will be a covered benefit under your healthcare plan. We are happy to contact your insurance company, research your specific plan benefits, and obtain any necessary pre-authorizations or physician referrals. We rely on the information your insurance company provides prior to initiating services and we'll do our best to obtain accurate information. However, we are unable to give any guarantees of coverage as the final determination about coverage is only made when the claim is received and processed by your insurance company.

A few things you should know about insurance:

- Having speech therapy benefits listed in your health plan doesn't guarantee coverage. It only states that you are "eligible" for these benefits. Eligibility is often based on specific diagnosis codes and your plan may have exclusions and limitations. Common exclusions include developmental speech and language delays, articulation disorders, stuttering, lisps, and learning disabilities. Sometimes coverage is limited to "medical necessity" which is determined by your insurance company, not the provider submitting the claim. **We have no control over how your insurance company will ultimately process your claims.**
- "Medical necessity" often requires a supporting medical diagnosis such as the following: congenital birth anomalies (a health problem or physical change present in a baby at the time he/she is born), a history of significant global delays affecting more than one area of development, a formal medical diagnosis (e.g. autism), loss of speech/language abilities due to illness /injury or communication skills that are so severely delayed they impact your child's ability to communicate basic needs. "Medical necessity" is determined by the medical review board who reviews your claim. We have no control over what your insurance company views as "medically necessary".
- Although we may be a provider for your insurance company, it doesn't necessarily mean that you will have speech therapy coverage. Eligibility exclusions and limitations will still apply.
- If you are not eligible for speech therapy benefits through your insurance company, out-of-pocket expenses for these services are not applied towards your annual deductible.
- Initial evaluations are often covered, sometimes being applied towards your deductible. Determination for therapy coverage is based upon a review of the initial evaluation report and the diagnoses codes listed in the evaluation report. Just because your initial evaluation was covered does not mean that therapy will also be covered under your plan.

- If you are eligible for coverage, you are still required to meet any deductibles required by your plan. Payments towards deductibles are due at the time services are rendered. All co-pays and co-insurances are also due at the time services are rendered.
- “Rehabilitative” speech therapy services only cover speech therapy in the event of a loss of speech or language skills due to an illness or injury. The purpose of the therapy would be to regain only the skills that have been lost.

If you have questions about your coverage, we highly recommend you to contact your insurance carrier or your plan administrator (employer/human resources department) directly.

Questions to ask include:

1. Are there any limitations or exclusions for speech therapy services under my plan?
2. Do I have out-of-network benefits? (LST is a network provider for Anthem, Medicaid and CHP+)
3. What will be my co-pay or co-insurance for my office visits? (co-pay is a flat fee whereas a co-insurance is usually a percentage of the cost for services)
4. Do I need to get pre-authorization to access my speech therapy benefits?
5. Do I need a referral from a physician?
6. Do I have a deductible to meet? How much of it has been met so far?
7. Does my plan follow the calendar year? If not, ask the start date for your plan as this will impact the number of visits you have left as well as when your deductible starts over.
8. How many speech therapy visits am I allowed under my plan per calendar year? How many have been met so far?

A few things to remember.....

We can only tell you what your insurance company is able to tell us. We can only provide you with the information we have access to.

Your insurance plan is a legal contract between you and your insurance carrier and we have no control or influence over the type of plan that you have or how the claims are processed.

Insurance plans are like cars, they range from economy to luxury and there is a lot of variation between individual plans.