Here are some lists of suggestions to consider throughout your insurance claim process.

I. Guidelines of possible steps to follow when getting approval for insurance claims

1. Review your insurance plan's coverage
2. Find out if speech therapy is covered under your insurance
    a. For example, you might ask: "Do you cover speech therapy? If you do, what is required to ensure my claim will be paid?”
    b. Please be specific (when speaking with your insurance) about which plan you have, asking what are the specific steps that must be followed according to your particular plan for insurance to provide coverage for services
3. If they cover speech therapy, what is required to receive approval for a claim: (you might want to ask these questions)
    a. Pre-Certification: does your insurance require pre-certification/pre-authorization after receiving the prescription from the doctor and what are the specific steps required to obtain coverage according to your particular plan to obtain pre authorization?
    b. Doctor’s Prescription: is a referral from a pediatrician required?
    c. Referrals: does the pediatrician need to refer to a specialist for an evaluation?
    d. if a specialist provides a diagnosis to a pediatrician, is it sufficient for the pediatrician to write a prescription for speech therapy?
    e. If they don't cover speech therapy, ask if they will cover it as a medical treatment versus a therapy/therapeutic treatment

II. Common problems that may arise.

- ❏ Find out if it is necessary to have daily treatment notes sent to the insurance company and ensure that this is taking place if it is required.
- ❏ Find out if treatment notes are required
- ❏ Once the number of sessions for the year have been used, ask if it is possible to obtain approval for additional treatment or services if your child's doctor indicates further treatment is necessary
- ❏ If you are submitting and sending in your own claims and daily treatment notes, call to verify they have been received (sometimes companies will claim they have not received a fax or a piece of mail)
- ❏ Find out if you must submit your claim within a certain number of days of the service being provided to your child in order to have the claim paid (there is an unpredictability with insurance companies when it come to receiving your paperwork, which is why it's important to follow through and make sure your paperwork was received)
- ❏ Kaiser patients: ask if you can be referred to an outside/out-of-house provider. Kaiser might tell you that you have to use their in-house provider, but you can request an outside provider

III. Factors to consider throughout the process.

- ❏ Find out what billing codes are covered by your insurance and be sure your child's doctor uses those codes when writing diagnoses and submitting claims.
    - ❏ Billing codes include procedure/treatment codes, as well as diagnosis codes

- ❏ Always write down the name, date, and time you spoke with someone from your insurance company. Find out their email address and confirm in writing what you were told (email is best to get this confirmation) (this is important when companies try and deny a claim). If the person who you're speaking with doesn't give you their address be sure to send a confirming email to your insurance company including their name.
  - ❏ Get and keep the reference number to the call (when you call, they should give you a number, a reference number, so that any time you call back you can refer to that particular call). This serves as a virtual receipt for the call and information discussed. If there are any changes in the system this will be your reference to your previous call.
- ❏ When asking initial questions about coverage, use the term "treatment" for a medical condition instead of "therapy" for a developmental delay. Inform your pediatrician of this suggesting when writing their report to increase your likelihood of coverage.
- ❏ If you are filing your own claims ask if it is necessary for you to send treatment notes, daily treatment notes, and/or clinical notes.
  - ❏ Also ask for the insurance company's fax number to submit your claims (helps to expedite the process) and follow up to make sure the fax is received
- ❏ Find out if there is a time limit in which you are supposed to submit your claims

IV. Suggestions to address denials of claims.

- ❏ Ask if an appeal process is available
- ❏ If you are told an appeal process is not available, ask to speak to a supervisor and ask for the appeal process
- ❏ Send a request in writing for an appeal of the denial of a claim
- ❏ Be proactive and ask for additional testing if you believe that the initial testing is incorrect or insufficient (for instance, if initial testing shows there is nothing wrong with your child, but you know that something is wrong and services are necessary for your child, ask for additional testing and a more complete evaluation, not just limited to the topic of speech)
- ❏ In the appeal, include daily treatment notes, a letter from the doctor, the recommended treatment, including citing a recommendation from the American Speech and Hearing Association, a letter from the parent, and a letter from the therapist
- ❏ Write and ask who denied the appeal because it could be someone who does not know/have familiarity with your child's particular issue- ask for a person with the proper qualifications regarding your child's medical diagnosis.

V. Key Words

- ❏ *procedure code/treatment code*- aka CPT code, every treatment has a specific code to represent the procedure/treatment your child is receiving. The insurance company or representative might ask you about this (CPT) code
- ❏ *diagnosis code*- aka ICD9, is the code that gives you the specific identification for your child's diagnosis
- ❏ *daily notes* (aka treat notes, progress notes, clinical notes, clinicals)- these notes may be required to receive approval for your claim. Insurance may ask for these during the child's

initial evaluation. These may be necessary to receive approval for claims, for precertification of coverage, and for authorization of additional therapy services

- *doctor's prescription*- it will be a prescription for receiving speech therapy, a majority of plans cover therapy services if the diagnosis is "medically necessary"
- *"medically necessary"*- will be defined by your specific insurance plan, so ask for their definition of medically necessary and what it will cover. This is determined by your insurance plan
- *pre-certification/authorization*- the process required by some health plans that require patients to prove that their treatment is necessary and valid (this is where they will ask for the clinicals)

VI. Other Suggestions

- Choose pediatricians and medical advisors who value your opinion, care about what you think, and hear what you have to say is going on.
- Try to get into support networks and get referrals for doctors who will work cooperatively with parents in obtaining necessary services for your child
- If your deductible for speech services is very high, find out if your company provides an HSA account (Health Services Account) and calculate how much you will need to meet your deductible and copays and try to fund the account as much as possible to meet those costs
- Check during your companies open enrollment period to see which of the various insurance plans will provide you the best coverage for the services you need
- Find out if your company has an employer match to your HSA account
- Check your bills to be sure that you are not being double billed
- It is best to contact the insurance company directly to find out what they will cover (don't rely on what your employer tells you is covered) and get it in writing
- You may need to get different diagnoses to receive services at your child's school versus receiving speech therapy outside of school

You can contact Parents Helping Parents (PHP) to get help, assistance, support, and referrals from other parents going through similar situations.