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@SparkAndThriveTherapy

OUT OF NETWORK (OON) REIMBURSEMENT GUIDE

At this time, **Eri SLP PLLC DBA Spark and Thrive Therapy** is not an in-network provider with your insurance company. To assist you with receiving reimbursement for your services, we have created this document to guide you in determining your out-of-network reimbursement benefits. In some cases, the total cost of the evaluation and/or therapy session is reimbursed, so we recommend going through the steps below to better understand your plan's benefits. Knowing your out-of-network insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

As we do not bill your insurance for you or receive any reimbursement from your insurance company, **payment in full is due before each visit.** Your insurance company will directly reimburse you for any covered services.

HOW TO CHECK YOUR OUT-OF-NETWORK COVERAGE AND BENEFITS:

Plan to have at least 30 minutes of your time available to call your insurance company. Make sure to have this information ready before you call:

- Insurance card
- Name, date of birth, address, phone number, and (possibly) the social security number of the cardholder and person for whom the services are for
- Pen and paper/notepad

OUT-OF-NETWORK BENEFITS:

The representative of your insurance carrier may ask for the following information about your provider:

- Agency Name: Eri SLP PLLC DBA Spark and Thrive Therapy
- Agency Owner: Eri Tina Siklas
- Provider Name: The name of the therapist assigned to you
- Agency NPI Number: 1578388328
- Address of services: YOUR home address

- Address of agency: 2712 Range Road, North Bellmore, NY 11710
- Agency Phone Number: 516-204-2388
- Agency Email: info@sparkandthrivetherapy.com

INFORMATION TO DOCUMENT DURING THE CALL:

- Name of the Customer Service Representative
- Date of the call
- Time of the call
- Information provided to you about your Out-Of-Network benefits

QUESTIONS TO ASK:

- Does your plan include “out-of-network” coverage for speech-language evaluations and/or therapy?
- Is there an annual deductible for out-of-network speech-language evaluations?
 - If so, how much?
 - If so, how much of your out-of-network deductible has already been met?
- Is there an annual deductible for out-of-network speech-language therapy?
 - If so, how much?
 - If so, how much of your out-of-network deductible has already been met?
- Is there a limit on the number of evaluation sessions your plan will cover per year?
 - If so, how many?
- Is there a limit on the number of therapy sessions your plan will cover per year?
 - If so, how many?
- Does your insurance cover 30-minute sessions, 45-minute sessions, and/or 60-minute sessions?
- Does your insurance cover consultations? For how long per consult session?
- Is there a limit on out-of-pocket expenses per year?
 - If so, what is the limit?
- What is your coinsurance percentage for speech-language evaluations?
- What is your coinsurance percentage for speech-language therapy?
- Does your plan require a referral for speech-language evaluations?
- Does your plan require an evaluation for speech-language therapy?
- Does your plan require a referral for speech-language therapy?
- Does your plan require pre-authorization for speech-language evaluations?
- Does your plan require pre-authorization for speech-language therapy?
- What is the policy year (i.e., January 1 until December 31, or 12 months from start date, etc.)?
- Can you submit a Superbill?
 - If so, what is the process for filing a claim with a Superbill? Do claims need to be filed online, via mail, via fax, or within a specific time frame following the service?
 - What additional forms do you need to submit when filing my claim?
 - How long does it take to process your claim?
 - How do you appeal if a claim is denied?

SPEECH-LANGUAGE EVALUATIONS AND THERAPY CODES:

The representative may ask for the International Classification of Diseases, Tenth Revision (ICD-10) code and/or the Clinical Procedure Terminology (CPT) code for the service you plan to receive to find out your reimbursement rates. Please note that the ICD-10 and CPT codes for services are as follows (you can refer to your invoice or we can help you determine which codes apply to you):

ICD-10 Codes (Diagnosis Codes) for Speech, Language, Social, and Cognitive Communication Disorders:

- F80.0: Phonological Disorder
- F80.1: Expressive Language Disorder
- F80.2: Language Disorder
- F80.82: Social Pragmatic Communication Disorder
- F84.0: Autistic Disorder
- R41.841: Cognitive Communication Deficit
- R41.844: Frontal Lobe and Executive Function Deficit
- R47.01: Aphasia
- R47.81: Slurred Speech
- R48.2: Apraxia
- R49.0: Dysphonia

ICD-10 Codes (Diagnosis Codes) for Fluency Disorders:

- F80.81: Childhood Onset Fluency Disorder
- F98.5: Adult Onset Fluency Disorder

ICD-10 Codes (Diagnosis Codes) for Feeding and Swallowing:

- R13.11: Dysphagia, Oral Phase
- R13.12: Dysphagia, Oropharyngeal Phase
- R13.13: Dysphagia, Pharyngeal Phase
- R13.14: Dysphagia, Pharyngoesophageal Phase
- R63.3: Feeding Difficulties
- R63.31: Pediatric Feeding Disorder, Acute
- R63.32: Pediatric Feeding Disorder, Chronic

CPT (Procedure Codes) Evaluation Codes:

- 92521: Evaluation of speech fluency
- 92522: Evaluation of speech sound production (articulation, phonological process, apraxia)
- 92523: Evaluation of speech AND language (articulation plus expressive and receptive language)
- 92524: Evaluation of voice and resonance
- 92610: Evaluation of feeding, swallowing
- 92605: Evaluation for prescription of non-speech generating augmentative and alternative communication (AAC) device
- 92607: Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
- 92608: Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (listed separately)
- 96105: Assessment of aphasia, per our
- 96125: Standardized cognitive performance testing (used in cognitive-communication evaluation)

CPT (Procedure Codes) Treatment Codes:

- 92507: Treatment of speech, language, voice, fluency - individual therapy
- 92508: Group treatment of speech, language, voice, communication, and/or auditory processing disorder
- 92526: Treatment of swallowing dysfunction and/or oral function for feeding
- 92606: Treatment for the uses of non-speech generating augmentative and alternative communication (AAC) device
- 92609: Treatment for the use of a speech-generating augmentative and alternative communication (AAC) device

Out-of-network reimbursement is the client's responsibility.

We highly recommend submitting your Superbills monthly (OR as indicated by your insurance company) to ensure any details or additional documentation requests are handled in a timely manner.

In the event the insurance company requests additional documents such as a Letter of Medical Necessity, evaluation report, therapy session notes, etc., we will work with you to provide the necessary documentation. However, this can be very time-consuming, and thus, **any support for your out-of-network reimbursement that requires an excess of 15 minutes will be billed to you at our regular hourly rate.**