# OUT-OF-NETWORK INSURANCE REIMBURSEMENT GUIDE

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 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 at 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 15-30 minutes of your time available to call your insurance company. Make sure to have this information ready before your call:

- Insurance card
- Name, date of birth, address, phone number, or possibly social security number of the cardholder or 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:
- Therapy Company Name: Center for Speech, Language and Occupational Therapy, Inc.
- Tax ID (EIN): 77-0529440
- NPI Number: 1629120068
- Address: 39420 Liberty Street Suite 150 Fremont, CA 94538
- Phone: 510-794-5155
- Email: referrals@cslot.com

## INFORMATION TO DOCUMENT DURING THE CALL:
- Name of Customer Service Representative
- Date of call
- Time of call
- Reference number

## QUESTIONS TO ASK:
☐ Does your plan reimburse for services performed by an out of network provider?

- ☐ Does your plan include "out-of-network" coverage for your specific service (speech, OT, ABA)?
- ☐ Is there an annual deductible for out-of-network therapy? If so, how much?
- ☐ How much of my out-of-network deductible has been met?
- ☐ Is there a limit on the number of sessions your plan will cover per year? If Yes, how many?
- ☐ Is there a limit on out-of-pocket expenses per year? If so, how much?
- ☐ What is your coinsurance percentage/copay amount for therapy?
- ☐ Does your plan require pre-authorization for therapy? What are the steps to obtain pre-authorization?
- ☐ Does your plan require a referral for therapy?
- ☐ What is the policy year (i.e., Jan 1 – Dec 31)?
- ☐ Can I submit a Superbill? If so, what is the process for filing a claim with a Superbill?
    - What additional forms do I need to submit when filing my claim?
    - Can I file my claim online, or do I need to mail/fax it to you?
    - Do claims need to be filed within a specific time frame following the service?
    - How long does it take to process my claim?
    - How do I appeal if a claim is denied?

**SPEECH AND LANGUAGE EVALUATIONS AND THERAPY CODES:**

The representative may ask for a Clinical Procedure Terminology (CPT) code for the service you plan to receive to find out your reimbursement rates. Please note that the CPT codes for services are as follows (you can refer to your invoice, or your clinician can help you determine which CPT codes apply to you):

**Codes:**

92523 - The procedure code (CPT code) for speech therapy evaluation
92507 - The procedure code (CPT code) for continuing individual speech therapy

97167 - The procedure code (CPT code) for occupational therapy evaluation
97530 - The procedure code (CPT code) for continuing individual occupational therapy

97151 - The procedure code (CPT code) for an ABA Assessment
97153 - The procedure code (CPT code) for ABA direct one on one therapy with a behavior technician
97155 - The procedure code (CPT code) for ABA supervision by a BCBA
97156 - The procedure code (CPT code) for parent training with a BCBA