OUT-OF-NETWORK INSURANCE REIMBURSEMENT GUIDE

At this time, Pediatric Therapy On The Go 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 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: Pediatric Therapy On The Go
- Tax ID (EIN): 88-2620861
- NPI Number: 1912637810
- Address: 2483 Heritage Village STE 16314, Snellville, Ga. 30078
- Phone: 770-799-8116
- Email: info@pediatrictherapyonthego.com

INFORMATION TO DOCUMENT DURING THE CALL:

- Name of Customer Service Representative
- Date of call
- Time of call

QUESTIONS TO ASK:

- Does your plan include "out-of-network" coverage for speech therapy?
- Is there an annual deductible for out-of-network speech 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?
- What is your coinsurance percentage for speech therapy?
- Does your plan require pre-authorization for speech therapy?
- Does your plan require a referral for speech 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 timeframe 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 therapist can help you determine with CPT codes apply to you):

- 92521 Evaluation of speech fluency
- 92523 Evaluation of speech AND language (articulation plus expressive & receptive language)
- 92522 Evaluation of speech sound production (articulation, phonology, apraxia)
- 92524 Evaluation of voice and resonance
- 92610 Evaluation of feeding, swallowing
- 925605 Evaluation for prescription of non-speech generating augmentative and alternative communication device (AAC)
- 92607-92608 Evaluation, prescription for a speech-generating augmentative and alternative communication device (AAC)
- 92507 Treatment of speech, language, voice, fluency – individual therapy
- 92526 Treatment of swallowing dysfunction and/or oral function for feeding
- 925606 Treatment for the use of non-speech generating augmentative and alternative communication device (AAC)
- 92609 Treatment for the use of a speech generating augmentative and alternative communication device (AAC)

Out-of-network reimbursement is the client's responsibility. In the event the insurance company requests additional documentation such as a Letter of Medical Necessity, 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 of your therapist's time will be billed to you at an hourly rate of $120/hour. **We highly recommend submitting your Superbills monthly to ensure any denials or additional documentation requests can be handled in a timely manner.**