

## **Children's Therapy Services Out-Of-Network Insurance Guide**

We contract with some insurance plans. If you are not insured by a plan we have a contract with, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your out-of-network insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

### **How to check your out-of-network coverage and possible out-of-network benefits:**

- Plan for 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 Children's Therapy Services information:

- Children's Therapy Services • National Provider ID: 174-0323-575
- TAX ID (EIN): 03-0506460
- Address: 7000 W 121<sup>st</sup> Street, Leawood, KS 66208
- Phone: 913-912-2174
- Fax: 888-626-6003
- Email: [hello@childrenstherapycts.com](mailto:hello@childrenstherapycts.com)

### **QUESTIONS TO ASK:**

- Does your plan include "out-of-network" coverage for speech and/or occupational therapy?
- Is there an annual deductible for out-of-network speech and/or occupational 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 co-insurance percentage for speech and/or occupational therapy?
- Does your plan require pre-authorization for speech and/or occupational therapy?
- What is the policy year (i.e. Jan 1 – Dec 31)?
- Does your plan require a referral for speech and/or occupational therapy?
- What is the reasonable and customary fee for Children's Therapy Services (see below)?
  - *(Reasonable and customary fee the amount that your plan determines is the normal range of payment within a given geographic area)*

In order to find out the reasonable and customary fee, the representative may ask for a Clinical Procedure Terminology (CPT) code for the service you plan to receive. Please note that the CPT codes for services are as follows (you can refer to your super bill or your therapist can help you determine with CPT codes apply to you):

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

- 92523 Evaluation of speech AND language (artic, expressive & receptive language)
- 92522 Evaluation of speech sound production (artic, phonology, apraxia)
- 92507 Treatment of speech, language, voice, fluency – individual therapy
  
- 92521 Evaluation of speech fluency (eg, stuttering, cluttering)
  
- 92610 Evaluation of feeding, swallowing
  
- 92526 Treatment of feeding, swallowing
  
- 92607-92608 Evaluation, prescription, speech-generating augmentative & alternative communication device (AAC)

**OCCUPATIONAL THERAPY EVALUATIONS AND THERAPY CODES:**

- 97167 Occupational therapy evaluation
  
- 97110 Therapeutic Proc, 1+ Areas, Each 15 Min; Therapeutic Exercises
- 97112 Therapeutic Proc, 1+ Areas, Each 15 Min; Neuromuscular Reeducation
- 97530 Therapeutic Activities, Direct Patient Contact, Each 15 Min