



Help Me Speak LLC
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QUESTIONS TO ASK YOUR INSURANCE COMPANY ABOUT SPEECH PATHOLOGY SERVICES:

1. Do you cover speech therapy?
2. Is there an “**out of network**” benefit?
3. What are the limitations of coverage?
4. Do you cover both evaluation **and** therapy?
5. Is the covered amount a percentage of the allowed amount, a straight percentage, or a straight allowed amount or another formula?
6. What is the allowed amount for the evaluation- speech CPT 92506 & oral motor CPT 92610?
7. What is the allowed amount for therapy- speech CPT 92507? Oral motor therapy- CPT 92526?
8. How many sessions of therapy do you cover?
9. Is there a deductible?
10. Is there an annual or lifetime maximum for speech therapy services?

FOR THOSE ON HMO'S:

1. Does therapy have to be provided by your own therapists?
2. Will you cover services by an “Out of Plan” provider?
3. Is preapproval necessary before beginning therapy?

These questions are very important and should be asked before beginning therapy. On several occasions, clients have not clarified these questions with their insurance and have been stuck with a large bill. If your insurance refuses coverage, you are responsible for payment.