Speech Therapy Associates
14455 SW Allen Boulevard, Suite 100
Beaverton, OR 97005
Phone: 503-646-0837 FAX: 503-643-5057

Insurance Coverage / Benefit Verification

Directions: Complete the second page of this form by filling out the basic insurance information then recording the responses when you contact your insurance carrier. Working with insurance can be extremely tricky. Use this form as a guide for exploring coverage. Take detailed notes and please let us know if you have questions.

Possible codes that may be used. Speak with your Speech Therapist for more accurate codes. Ask if these are excluded from coverage. (ICD-10)

Diagnosis codes:
F80.0 (Articulation Disorder)
F80.2 (Developmental Expressive and Receptive Disorder)
R47.01 (Aphasia after stroke/CVA)
R47.1 (Difficulty Speaking, CVA)
M26.50 (Dentofacial Functional Abnormality) Tongue Thrust
R13.11 (Oral Phase Dysphagia) Swallowing/Tongue Thrust
F80.81 (Stuttering (childhood onset)
Q37.9 (Cleft Lip and Palate)

Procedure codes:
92522 (Evaluation/Testing of articulation, sound production, etc.)
92521 (Evaluation/Testing: fluency, stuttering.)
92523 (Evaluation/Testing: speech sound and receptive/expressive language.)
92524 (Evaluation/Testing: behavioral and qualitative analysis of voice and resonance.)

92507 (Speech and Language Treatment)
92610 (Swallowing Evaluation) may include Tongue Thrust
92526 (Swallowing Treatment)

Disclaimer: This form is to be used to assist individuals in identifying coverage from their insurance carriers. Use of this form does not imply a contract between an individual or group and Speech Therapy Associates. The user understands that this is not a comprehensive list of all questions to ask nor is it a guarantee of coverage. Insurance companies often indicate that “final determination of benefits and coverage will be made upon receipt of the claim and it’s review against the member’s policy.” All benefits are contractual between the user and his/her insurance carrier.

Speech Therapy Associates

14455 SW Allen Boulevard, Suite 100
Beaverton, OR 97005
Phone: 503-646-0837 FAX: 503-643-5057

Provider/Clinic: Speech Therapy Associates – Ian Powell, SLP NPI: 1124231535	
Insurance Information	
Insurance Carrier :	Claims Dept Phone #:
Insurance ID # :	Group #:
Member / Patient Information	
Subscriber Name :	Subscriber Birth Date :
Patient Name :	Patient Birth Date :
Patient Phone Number(s):	Patient Address:

Diagnosis Code (s)		Procedure Code (s)	(B)illable / (N)on-Billable

Date of Call:		Call Made By:	
Insurance Representative's Name:			
Coverage Effective Date:		**Rehab Therapy covers services considered medically necessary to restore function lost due to **injury, illness or congenital** anomaly**	

Are there Rehab Therapy Benefits? **	Yes ☐ No ☐	Yearly Benefit Limit	
☐ Co-payment?	If yes – amount $	**Required Documentation**	
☐ Co-insurance?	If yes - amount $	☐ Prescription?	☐ Chart Notes?
☐ Deductible?	Remaining amount $	☐ Evaluation?	☐ Prior Authorization?

Are there Neuro-Developmental Benefits?	Yes ☐ No ☐	Yearly Benefit Limit	
☐ Co-payment?	If yes - amount $	**Required Documentation**	
☐ Co-insurance?	If yes - amount $	☐ Prescription?	☐ Chart Notes?
☐ Deductible?	Remaining amount $	☐ Evaluation?	☐ Prior Authorization?

If prior authorization or pre-certification required ~	Are there any provider types excluded from coverage?
Pre-cert/Prior Auth Phone #: Pre-cert/Prior Auth **FAX** #:	

Additional Coverage / Limits / Exclusions and Requirements **– i.e. letter of medical necessity; pre-determination, etc.**