



Speech Therapy Solutions Montana

2615 Colonial Drive
Helena, MT 59601
(406) 422-4213

The following documents are for your information only:

PATIENT-PROVIDER E-MAIL COMMUNICATION

I allow agents of Speech Therapy Solutions Montana, LLC (the Provider) to use electronic mail (e-mail) to communicate clinical and financial information to me pertaining to health care services that I have or will receive. I acknowledge and understand that e-mail communication may contain my personal and private medical information including, but not limited to, my name, address, date of birth, types and dates of health care services received, medication, insurance coverage information, and/or test results. I understand that Speech Therapy Solutions will release a password-protected electronic copy of the testing results, treatment plan (or plan of care) and progress notes. I may choose to receive these documents in hard copy format upon request.

I understand that, although the Provider and Speech Therapy Solutions Montana may attempt to protect the privacy of the contents of e-mail sent to me and will take reasonable measures to protect my privacy, the e-mail messages sent to me are not encrypted and travel over the Internet. As a result, there is a risk that the e-mail will be intercepted and read by unauthorized third parties. In allowing the Provider to send me e-mail, I assume this risk.

I also acknowledge and understand the following as it relates to this e-mail communication:

1. E-mail is not appropriate for conveying information relating to emergency medical matters.
2. If an e-mail has not been answered, I may make an appointment to see/speak with the health care provider to discuss the e-mail message.
3. I will not use e-mail for discussion of sensitive or highly confidential issues; for example, mental health issues, etc.
4. I, and not the Provider or Speech Therapy Solutions Montana, am responsible for the security of e-mail communications sent from or stored on my computer.
5. My decision to allow the Provider to communicate with me by e-mail is voluntary, and that treatment is not conditioned upon my election to do so.
6. The Provider or I may stop e-mail communication at any time for any reason.
7. I agree to notify the Provider when my e-mail address changes.
8. I will not hold the Provider or Speech Therapy Solutions Montana responsible for damages resulting from their use of e-mail or the failure of any Speech Therapy Solutions Montana information systems used to facilitate the e-mail communication.



Speech Therapy Solutions Montana

2615 Colonial Drive
Helena, MT 59601
(406) 422-4213

HIPPA – INFORMED CONSENT AGREEMENT

Notification of Purpose/Informed Consent

At any time inquiries can be made regarding evaluation, treatment recommendations, or alternative treatment options. Information can be provided about the methods and techniques of therapy, and collaborative methods of the development of treatment goals. Additionally, a client is entitled to receive information about the fee structure and may seek a second opinion from another therapist or terminate the therapeutic relationship at any time. Sexual intimacy is never appropriate in a professional relationship and should be reported immediately. If the client is a child who is consenting to mental health services disclosure shall be made to the child. If the client is a child whose parent or legal guardian is consenting to mental health services, disclosure shall be made to the parent or legal guardian.

Confidentiality and HIPAA (Health Portability and Accountability Act)

Information provided prior to and during therapy is legally confidential except as required by law. If these or other exceptions arise during the course of therapy they will be identified to you. In the case the client has no written language or is unable to read, an oral explanation shall accompany the written copy. Limited confidential information can be released without consent in situations involving:

1. Suspected neglect or abuse of a child, or exploitation of a disabled adult
2. Life threatening danger to you or others, as in cases of suicide plans or threats against others
3. Failure to pay your bill (only information needed for collection purposes will be released) or in
4. The client is in the physical custody of either the department of corrections or the department of human services and such department has developed an alternative program to provide similar information to such client and such program has been established through rule or regulation pursuant to the "State Administrative Procedure Act."
5. The sole purpose is a forensic evaluation, (court ordered) then all information will be shared with the relevant parties
6. Treatment falls under the MSOTA guidelines, if so information will be freely shared with the MDT or Supervision Team.
7. Unidentified information (data) for the purposes of research.
8. In addition to these exceptions, consultation can be sought from other health or mental health professionals without any identifying information being revealed. Supervisors of specialized evaluations may also be given confidential information, yet in such cases the name and contact information of the supervisor will be given upon request. Also, psychological technicians who administer and collect data will share the information they obtain with the identified psychologist, and will hold the same confidentiality agreement as listed above.

Court ordered evaluations or evaluations that are required by probation and parole also have very limited confidentiality as all information will be shared with the necessary parties such as probation officers and other officers of the court. Consent *to release information form* must be signed for information to be communicated to agencies other than those involved with the legal system. All consultation and releases of information will be noted in the Clinical Record (PHI).



Speech Therapy Solutions Montana

2615 Colonial Drive
Helena, MT 59601
(406) 422-4213

Record Keeping

In compliance with the new HIPAA regulations, two sets of records will be kept. The first record is the *Clinical Record (PHI)* which contains information such as treatment plans sent to insurance companies, progress notes, along with records of consultations and signed releases of information. This record is available to the client for review in the presence of the therapist or of another professional. The client has a right to restrict parts of this record, and to register any complaints in it.

Emergency Situations

During business hours contact (406) 438-3434 and leave a confidential message on the voicemail and your call will be returned as soon as possible. In an after-hours emergency situation contact 911. Any indiscretions should be reported to the:

State of Montana Department of Labor & Industry Health Care Licensing Bureau
Board of Speech-Language Pathologists and Audiologists
301 South Park Ave, Room 430
PO BOX 200513
Helena Montana 59620-0513
(406) 841-2037

Daylinda Radley, MA, CCC-SLP
State of Montana Speech Pathologist License (SLP-LIC) #1268



Speech Therapy Solutions Montana

2615 Colonial Drive
Helena, MT 59601
(406) 422-4213

KNOWING YOUR INSURANCE COVERAGE/PLAN

Assessment Coverage

1. The first step is to call your insurance company and ask them what documentation is required to get assessment coverage. Depending on your insurance company, responses might vary. Some insurance companies require a written prescription from the doctor coupled with the precertification interview with the treating speech therapist. Typically, the utilization management section of the insurance company deals with the precertification interview.
2. After precertification takes place, make sure to ask your insurance representative regarding the coverage for out of network therapists. They will instead provide you with a letter for your insurance company, containing the necessary diagnosis and treatment codes, incurred fees as well as a brief description of services provided, and will expect you to apply for reimbursement on your own.

Parents are encouraged to do the above in order to avoid any misunderstanding and confusion, which may lead to costly errors. **Just asking if you are covered for “speech” therapy is not enough** to determine if you are covered for the specific treatment you need. Therefore, when asking about coverage, you want to ask which diagnostic and procedure codes your speech therapist should use to help assure the codes used accurately reflect the coverage you have (see list of common codes below). It is always better to learn and clearly understand information firsthand rather than from a third party, especially because the same coverage that pays for assessment may not cover therapy services: a fact that baffles and outrages many parents.

Therapy Coverage

The truth is that most commercial health insurance speech therapy coverage is very limited for pediatric speech- language pathology services. Many policies exclude children by age (e.g., all children under 6) from coverage. Others refuse to cover school age children because they specify that the child is expected to receive speech language services in school settings. Some policies exclude children with congenital conditions, regardless of the nature or severity. Other policies state that they will pay for treatment of problems related to medical conditions, but will not pay for autism or developmental delays (e.g. late talkers, articulation deficits).

MOST POLICIES DO NOT COVER DEVELOPMENTAL SPEECH THERAPY SERVICES.

Speech Language Services and diagnosis of Autism

It is important to note that when seeking speech language services for children diagnosed with Autism Spectrum Disorders (e.g., PDD, Asperger's etc) there are 34 states which provide insurance coverage. The American Speech-Language and Hearing Association lists each state with specific mandates — <http://www.asha.org/Advocacy/state/States-Specific-Autism-Mandates/%23ct>



Speech Therapy Solutions Montana

2615 Colonial Drive
Helena, MT 59601
(406) 422-4213

Denials and Appeals

If you have the speech therapy benefits and the coverage for your child's speech and language therapy is denied, always ask for the denial in writing and try to appeal the decision using the proper appeal procedure within your insurance company. Insurance companies count on consumers not appealing decisions. And the fact is that most people don't do it because it's a time consuming hassle. Along the way, document all conversations with insurance representatives. Documentation can be very helpful for an appeal. In some states, even if you have exhausted appeal procedures within your insurance company, you can appeal to your state's insurance commission, some of which allow for the filing of complaints online.

COMMON PROCEDURES AND DIAGNOSIS CODES FOR SPEECH & LANGUAGE THERAPY

Note: These are some of the more common procedures and not a comprehensive list of procedures and diagnosis codes; refer to your initial evaluation report and treatment plan for detailed information.

Evaluation (CPT):

- 92521** Evaluation of speech fluency (eg, stuttering, cluttering)
- 92522** Evaluation of speech sound production (eg., articulation, phonological process, apraxia, dysarthria)
- 92523** Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (eg, receptive and expressive language)

Therapy (CPT):

- 92507** Treatment of speech, language, voice, communication, and/or auditory processing disorder, individual
- 92508** Treatment of speech, language, voice, communication, and/or auditory processing disorder, group
- 92609** Therapeutic services for the use of speech-generating device, including programming and modification
- 97532** Development of cognitive skills to improve attention, memory, problem solving,

Possible Diagnosis (ICD-10)

- F84.0** Autistic Disorder
- F80.81** Stuttering
- F80.1** Expressive Language Disorder
- F80.2** Mixed Expressive Receptive Language Disorder
- F80.0** Phonological Disorder
- R48.9** Other symbolic dysfunction
- F80.9** Cognitive Communication Disorder
- R47.81** Slurred Speech
- R47.02** Dysphasia



Speech Therapy Solutions Montana

2615 Colonial Drive

Helena, MT 59601

(406) 422-4213

TALKING POINTS WHEN CONTACTING YOUR INSURANCE CARRIER:

SPEECH THERAPY

Date: _____ Time: _____ Name of Representative: _____

1. My child is ____old. Does our policy cover his speech services?
2. What conditions will insurance specifically cover?
3. What ICD-10 (diagnosis) codes and CPT (treatment) codes are covered for reimbursement? See codes below.
4. Do I need to obtain a prescription for therapy services?
5. Do I need to obtain precertification for therapy services?
6. Which conditions are specifically excluded from treatment?
7. How many sessions will insurance cover? Is there a time limit?
8. Do I have a deductible or co-pay?
9. Do I need to schedule all of the visits by a certain date?
10. Does insurance cover out of network therapy services?
11. How do I get reimbursed for out of pocket therapy expenses? What do I need to provide the insurance company with?

Additional Notes:
