**Nice Speech Lady Insurance Verification Reference Form/OP, When Calling Payors**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s date/date of call to insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of referral: \_\_\_\_\_\_\_\_\_\_\_\_\_

Type of insurance (in general) Specific type of plan

Primary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tertiary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of contact, if any, prior to receiving the referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you acquire this info? (check all which apply)

\_\_ Referral \_\_ Patient \_\_ Portal with available info on referral \_\_ Other (list how \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Referring Provider information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number to call, if received via the patient/family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Info likely needed for the call:

* Number to call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* NPI of practice:
* NPI of likely treating clinician:
* Address of location:
* Patient plan subscriber ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* (if a dependent of their parent, the parent’s name/DOB, possibly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Patient name, DOB, address on referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Diagnosis codes on referral, if calling on auth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Diagnosis codes if calling on auth., update from previous auth request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* CPT codes if calling on auth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If calling Medicaid, the account number for the organization:
* If calling Medicaid, the account number for the treating clinician:
* If calling Medicare, the P-TANs: Organizational: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

They may ask you if we are a third party or are we calling direct. Answer: “I am calling direct.”

They may ask you if you are the referring provider or are you the servicing provider. Answer: “servicing provider’s office.”

Questions you ask, or they answer:

**(you will enter it into the EMR/ please verify the info back and then document this as well the information was stated back and verified):**

* Is it an active plan?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is this their only plan, as you can tell/is this a primary or secondary plan, please?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What address do you have as the patients – on record? (we will need to make sure it matches up with what is on the referral, if not, communicate with the patient, sometimes the insurance address needs to be updated, sometimes the address we use needs to updated to match the patient’s official address on-file with the insurance, whether mailing or physical)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What is the ID number (if you don’t know it) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What is the group number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The effective start date of the plan’s coverage, please: \_\_\_\_\_\_\_\_\_
* End date of coverage, if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is there a co-pay amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is there a deductible? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is there a co-insurance amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is there an out-of-pocket maximum/patient responsibility, and if so, what is the amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Is there a maximum number of visits per year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If so, other details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is pre-authorization required? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To answer this, they will likely ask which codes to use. Please always ask for (all are occurrence-based except if noted):

* 92523 (SLP eval for communication, voice, articulation, cog-ling.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 92507 (SLP treatment code for communication): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 92610 (SLP clinical swallow evaluation/non-instrumental):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 92526 (SLP treatment code for swallowing):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 97129 (SLP treatment code for cognitive-communication – timed code, first 15 minutes of these tasks):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 97130 (SLP treatment code for cognitive-communication – timed code, every 15 minutes after 97129) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After getting through all of that – the big question is this: For any of these codes, do you know if there is availability for telemedicine, or if there is an objection to coverage for telemedicine, if allowed according to state practice laws according the state board of examiners for speech pathology?

(check one, write it details)

Telemedicine & 92523 (SLP eval/communication):

Availability for Coverage: \_\_\_\_\_ Objection to coverage\_\_\_\_

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telemedicine & 92507 (SLP tx/communication):

Availability for Coverage: \_\_\_\_\_ Objection to coverage\_\_\_\_

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telemedicine & 92610 (clinical swallow evaluation):

Availability for Coverage: \_\_\_\_\_ Objection to coverage\_\_\_\_

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telemedicine & 92526 (SLP tx/swallowing):

Availability for Coverage: \_\_\_\_\_ Objection to coverage\_\_\_\_

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telemedicine & 97129 (SLP tx/cognitive-communication – timed code, first 15 minutes):

Availability for Coverage: \_\_\_\_\_ Objection to coverage\_\_\_\_

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telemedicine & 97130 (SLP tx/cognitive-communication – timed code, every 15 minutes after 97129)

Availability for Coverage: \_\_\_\_\_ Objection to coverage\_\_\_\_

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Plan Details;

* Eligibility:
* Copay amount:

If they say pre-auth is required for any of the codes, proceed to request it, as directed. This may mean proceeding to a portal or calling another line. For pre-auth, you will need to ICD-10 codes, and we can only use what is on the referral if a new patient, and if an existing patient – look in the last reassessment note in the EMR for referernce. In calling pre-auth, ask them what number and/or website to utilize, if not provided.

Auth approved details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates covered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorization number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: if an individual or private practice is utilizing this form, and a desired outcome is not desired in terms of reimbursement, etc., Nice Speech Lady LLC is not responsible or liable for any payments or non-payments. The intention of the author is for businesses to utilize this form for education purposes only, and to create practice-specific guides.

**Nice Speech Lady LLC hopes this resource is helpful to your efforts.**