

Recommendations for seeking Insurance Coverage for Occupational and Speech Therapy

To determine if your insurance will cover therapy services the following is recommended:

Obtain a prescription from your medical doctor. Insurance does not cover occupational therapy or speech therapy without a prescription. The prescription should state: "Occupational/Speech Therapy Treatment."

For insurance purposes, a medical diagnosis is required to cover occupational/physical/speech therapy. Your medical doctors will give these diagnoses, and the diagnosis should be written on the prescription.

Medical diagnoses are given special codes. If your child has an established medical diagnosis (i.e. autism, down syndrome, torticollis, cerebral palsy, etc.) then that code can be used.

The following code is typically used for occupational therapy intervention:
ICD-9-CM Code: 781.3 Lack of Coordination/Dyspraxia and 782.0 Disturbance of Skin Sensation.

The following code is typically used for Speech therapy intervention: ICD-9-CM Code: 315.31 Expressive language disorder, 315.39 Other developmental speech or language disorder, and 315.4 Developmental coordination disorder.

Questions to ask your insurance provider

1. Is my plan a self-funded plan or a fully insured plan? (*see below)
2. Is my plan written in the state of New Jersey?
3. Does my insurance plan cover occupational/speech therapy?
4. Is (Therapist's Name) a provider in your network?
5. If Yes: What are the copayments.
6. If No: Does my insurance plan cover out of network providers?
7. What is the percentage of reimbursement for out of network providers?
8. Do I have a deductible that must be met? How much?
9. How many visits are covered?
10. What is the insurance coverage year start date?
11. Do I need a prior authorization number for services?

* Not all health plans are required to comply with the 'autism and other DD' insurance law. Only "fully-insured" plans written in the state of New Jersey, NJ State Health Benefits program and the School Employees' Health Benefits program are subject to the Autism insurance mandate.

Do not provide a diagnosis or explanation to why your child may need therapy. Specific terminology must be used, and if certain words are said, then your insurance company may not deem occupational/speech therapy medically necessary.

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If your insurance company does not cover services or denies services:

1. You have the right to petition your insurance company for services. If doing so, you should write a letter, as letters are more effective than a telephone call.
2. You will need a letter from your child's MEDICAL DOCTOR, explaining why occupational/physical/speech therapy is medically necessary for your child.
3. Letters should be sent to the Member Service Department of your insurance company, as well as, the person in charge of health insurance for your employer.

Helpful links:

Autism New Jersey Insurance Mandate Guide:

<http://www.asaonline.org/resources/clinician/obtain>

Common Diagnostic Codes related to Speech and Occupational Therapy:

http://www.autismnj.org/resources/healthcare_insurance

* This document is to be used as a GUIDELINE and there is no guarantee of coverage but we hope this will help you get the help your child needs. This is NOT meant to be legal or medical advice.

