Insurance Appeal: Request for your health insurance company to review a decision that denies a benefit or payment.

Peer Review: A scheduled phone conversation during which a therapist discusses the need for a treatment with the insurance company's medical specialist to obtain a prior authorization approval or appeal a previously denied prior authorization.

Insurance year: A 12-month period of benefits coverage under an individual health insurance plan. This can run from January 1st to December 31st or July 1st to June 30th.

Out-of-Pocket: Expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that aren't covered.

Maximum Out-of-Pocket: Is a cap, or limit, on the amount of money you have to pay for covered health care services in a plan year.

In-Network: A list of the doctors, other health care providers, and hospitals that a plan contracts with to provide medical care to its members.

Out-of-Network: Those providers that do not participate in that health plan's network. Most insurance companies will reimburse out-of-network benefits with higher deductibles and coinsurance rates however there are a few that will not reimburse any out-of-network benefits.

Hard Therapy Visit Limit: Insurance will not grant you more visits once these are used. (**visits may be combined with other services*)

Soft Therapy Visit Limit: Insurance will review medical necessity to see if additional visits are warranted. (**visits may be combined with other services*)

If your child has used the maximum amount of visits allowed and/or services have been denied by your insurance company. The Caring Group has exhausted all options available as providers to get your child additional therapy visits/therapy coverage. There may be additional appeal options available to you as a member. Here are some tips for looking into these options:

1. Check the plan booklet you received from your insurance company for information regarding appeals or requests for additional visits. This may also be available to you on-line.
2. The HR department for the insurance carrier should also be able to help with understanding plan limits and the appeal process.
3. If your plan has Large or Small Case Management, you will want to call and request a review. This information is also provided in your plan booklet or on the back of your card.

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4. If the insurance company requests a letter from you, be sure to state why it is necessary that services/care should be approved/paid. The Caring Group can provide any additional paperwork that the insurance company may ask for, including letters of necessity, progress summaries etc. from your child's therapist.
5. Contact your child's pediatrician. Ask them to write a letter of necessity for you to forward to the insurance company.

If you choose to continue with therapy services during your appeal process you will be billed monthly at The Caring Group's out of pocket therapy rates. All money will be reimbursed if the insurance appeal is successful. See above for out-of- pocket rates.

Additional Resources for Therapy Payment:

DSCC: https://dscc.uic.edu/

Variety: https://varietystl.org/about/

Small Steps in Speech: https://www.smallstepsinspeech.org/

United Healthcare Children's Foundation: https://www.uhccf.org/

As always we will be available to answer any of your questions.

Thank You,

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