



ABOUT SUPERBILLS

WHAT IS A SUPERBILL?

A Superbill is an itemized list of all services that is provided to a client containing additional information about the patient visit including provider credentials/info, practice information, services provided, diagnostic/treatment codes, charges, and/or referring doctor (etc.).

Superbills are claims that can be provided containing all the information insurance companies typically require for patient submission of claims, often either to go towards your deductible or for reimbursement after you have met your deductible.

PURPOSE OF SUPERBILLS

A Superbill is used by healthcare providers as a primary source of data for creating claims. These claims will eventually be submitted to payers for reimbursement. Superbills take the information from a patient visit needed to successfully submit an insurance claim. Superbills are different from receipts/invoices because they provide additional information regarding the visit (diagnosis and procedure codes) that are needed to get a claim approved.

A super bill resembles an invoice, but has specific information, such as appropriate diagnostic information and treatment codes, that are itemized in a way that health plans use to process claims and consider these requests to be counted towards your deductible. It is not guaranteed that our services will be covered by your insurance carrier, but you may be eligible for some level of reimbursement. It is recommended that you contact your insurance company and ask whether they will cover an out-of-network provider.

MOST COMMON CODES

Diagnostics	Diagnosis Codes	Description
Speech Language Other		
	F80.0	Speech Sound/Articulation Disorder (SSD)
	F80.2	Mixed Expressive-Receptive Language Disorder
	F47.8	Other Speech Disturbance (OMD + SSD)
	R48.2	Aphasia

OMD Feeding&Swallowing		
	R13.11	Dysphagia, Oral Phase
	R63.3	Feeding Difficulties, Unspecified

Billing	CPT Codes	Description
Evaluation		
	92610	Evaluation of Oral & Pharyngeal Swallow Function
	92522	Evaluation of Speech Sound Disorders
	92523	Evaluation of Speech Sound Disorders and Expressive-Receptive Language
Treatment		
	92526	Treatment of swallowing dysfunction and/or function for feeding
	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder

QUESTIONS FOR YOUR INSURANCE PROVIDER

It is important for you to understand the extent of your coverage through your insurance carrier. This will help to determine important components such as eligibility, extent of possible coverage, and process of submission. Consider exploring the following questions with your provider:

1. Do you accept [out of network] superbill/claim submissions?
2. What is needed to begin services with an out-of-network provider? Do I need a referral or authorization prior to my visits? How often?
3. What screenings/assessments and codes are required to qualify my child for speech therapy?
4. What are the plan guidelines for out-of-network providers?
5. Is my plan's coverage of outpatient speech therapy based upon medical necessity? If so, what diagnoses are covered under "medical necessity"?
6. To what extent with my child's sessions be covered?
7. Is there an exception process which would allow my child to be seen at an out-of-network provider clinic at the in-network level?
8. Do I have a deductible?
9. What is my co-pay or co-insurance percentage?
10. How many visits do I get per calendar year?
11. Where can I submit the superbill to receive reimbursement? Online? By mail? (Claim officers and policies will vary by company).

Thank you for looking over our superbill document, your commitment is appreciated and we are more than happy to provide any information/documents on our end that may be requested from your insurance provider.