STEP 4: CONTACT YOUR EMPLOYER AND LEGISLATORS

Even if appeals have been filed correctly, some claims will still be denied. Some insurers only cover speech/language disorders that are caused by a medical or neurological condition (brain injury, stroke). Others do not cover *any* speech/language disorders at all. In these cases, contact your employer to see if services can be added in the next benefit year. Employers will only view such benefits as a priority if they know their employees want it. (You should also meet with your employer *during* the appeal so they can help you with the specifics of the policy.)

If you feel your plan *should* cover stuttering, or if you think the plan is not clear in defining which services are covered, contact your insurance company directly to try to resolve the issue. If you are unable to find a solution, you may also wish to contact your state's insurance commission and legislators to file a complaint about unclear language or refusal to provide services the policy states are covered.

You can find information about state insurance commissions at www.naic.org. You will need to file a **formal complaint**, as any other forms of communication may be disregarded. You can contact your local and state legislators through www.capwiz.com/asha/home. For coverage to be improved, employers, insurers, and legislators need to know that such services are a priority. Each time you educate people about stuttering, you are helping others who may be in a similar situation in the future.

Successful treatment can help children who stutter achieve goals that might not otherwise have been possible, and the NSA will continue to work to improve coverage for stuttering treatment. SLPs, parents, adults who stutter, and advocacy groups can have a tremendous impact if we all work together to achieve the same goal.

WHAT IF TREATMENT IS <u>NOT</u> COVERED BY INSURANCE?

- 1. Many facilities offer options to help those who must pay privately. Some settings offer prepayment discounts that can make treatment more affordable. Non-profit clinics or those run by service organizations often have sliding scales or other reduced-cost options. Check with your facility to determine your options.
- 2. See if you qualify for your state's medical assistance program. These programs are often based on the severity of a disorder, not income.
- 3. Look for University Clinics in your area that offer quality services provided by supervised graduate student clinicians at reduced fees.
- 4. For children who stutter, therapy is typically available at school. You may have to show that stuttering affects your child's academic performance. School-based services can also serve as a supplement to other clinical speech treatment services if treatment is covered by insurance.

WHAT IS THE NSA INSURANCE ADVOCACY COMMITTEE?

The NSA's Insurance Advocacy Committee is a group of Speech-Language Pathologists dedicated to helping people who stutter—and parents of children who stutter—obtain better insurance coverage for treatment. Committee members have extensive experience in clinical and research activities related to stuttering. Members represent a variety of treatment settings, including hospitals, clinics, schools, and university programs. We are committed to helping consumers and professionals work together to advocate for improved services and more comprehensive insurance coverage for people who stutter. In fact, the NSA is compiling a list of effective strategies. Please send your own ideas and copies of successful appeal letters to craig.coleman@chp.edu. You will be contacted about how your ideas can be used to help others. Together, we can make a difference!

INSURANCE ADVOCACY AND STUTTERING

Getting The Coverage You Need Getting The Coverage You Deserve

National Stuttering Association



NSA Committee on Insurance Advocacy

Craig E. Coleman (Committee Chair), Joe Donaher, Rod Gabel PhD, Lisa LaSalle PhD, Andy McMillin, Jennifer Owen, Glen Tellis PhD, Holly Willet, & J. Scott Yaruss PhD (NSA Board Representative)



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INTRODUCTION

Obtaining insurance coverage for the evaluation and treatment of stuttering is not an easy task. Many NSA members report that their claims are denied or that their policy does not cover stuttering. This brochure was written to help people who stutter, and particularly parents of children who stutter, maximize insurance coverage. Below, we present a 4-step process you can use to obtain insurance coverage, as well as options for what to do if coverage is not available.

STEP 1: KNOW YOUR POLICY.

The first step in ensuring that treatment will be covered is to carefully review your policy. All plans are different, and there may be differences depending upon what group you belong to or what policy was negotiated by your employer.

Read your coverage *before* your initial evaluation so you will know if recommended services are covered under your plan. Check with your insurer directly if there is any question about your benefits. Sometimes, even plans that cover speech therapy in general will only cover stuttering in some situations. This means that just asking if you are covered for "speech" (or even "stuttering") therapy may not be enough to determine if you are covered for the specific treatment you need. So, when asking about coverage, be sure you use the *same* diagnostic and procedure codes your clinician will use.

To reduce confusion, take detailed notes during all discussions with the insurance company.

STEP 2: GET A COMPLETE DIAGNOSTIC REPORT.

A detailed diagnostic report can help you get coverage. Talk to your speech-language pathologist to ensure that the report includes specific data and test results. Ask your clinician to describe *all* aspects of stuttering, not just the number of disfluencies that are produced. This is particularly important, since many people experience negative impact from their stuttering. They may have difficulty communicating, and they may experience negative reactions from others. Your clinician should note *all* of these areas in the report and present clear-cut recommendations that have supporting evidence in the treatment plan.

STEP 3: APPEAL ANY DENIALS.

For those who receive coverage after the initial evaluation, the process ends until further sessions need to be authorized. If coverage is denied, either after the initial evaluation or after a number of sessions determined in your plan, the next step is to *appeal*.

Despite the frustration you may feel if payment is denied, remain objective and informative in your letter of appeal. Providing evidence supporting the need for treatment in a concise manner will give you the best chance at having the denial overturned. It also gives you the opportunity to educate others about stuttering, and this can help those who may be in need of therapy in the future.

There are several important points to address in your appeal letter:

- 1. Stuttering is *not* an emotional or psychological disorder. Brain imaging studies have shown that there are functional and anatomical differences between people who stutter and people who do not stutter, particularly in the speech and language areas of the brain.
- 2. There is a clear *genetic* component to stuttering. Stuttering tends to run in families, and so children with family members who stutter are at greater risk for continuing to stutter.

- 3. Early intervention is critical for reducing stuttering, and the outcomes of early treatment are better than if treatment is withheld or delayed. The longer a child stutters, the greater the risk of negative reactions that increase the educational, social, and emotional impact of the disorder.
- 4. Stuttering is not a developmental disorder that all children "grow out of." Children who have risk factors for continuing to stutter are likely to need treatment to have a positive outcome.
- 5. Speech-language pathology services are not merely educational in nature. They are recognized as *healthcare* services by the U.S. Department of Health and Human Services, as well as by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). Moreover, stuttering is classified as a health disorder, with diagnostic codes found in the World Health Organization's *International Classification of Diseases (ICD-9 code 307.0)* and *International Classification of Functioning, Disability, and Health (ICF code b330)*.

For more information that you can include in your appeal letter, visit the following web sites:

www.WeStutter.org
(National Stuttering Association)

www.stutteringhelp.org (Stuttering Foundation of America)

www.stutteringhomepage.com (Stuttering Home Page)

www.StutteringCenter.org
(Stuttering Center of Western Pennsylvania)

www.asha.org/public/outreach
(American Speech-Language-Hearing Association)

It may also be helpful for you to view samples of appeal letters on the NSA's website.

The appeals process may include several steps before coverage (or a final denial) is provided. The process may differ from one company to another and you must follow the specific procedures required by your insurer. Finally, remember that if your appeal is not successful, you still have options.