



IMPORTANT DEFINITIONS AND TID-BITS

- **Pre-Authorization:** this is the act of asking & arranging for POTENTIAL coverage of services. Most often the company will state they are authorizing services to be CONSIDERED, but do not guarantee coverage. They also frequently site all will be based on what is deemed REASONABLE & CUSTOMARY

- **Pre-Determination:** this is a SET agreement made with company prior to the start of services. Most will not make pre-determinations as they are more binding in nature.

- **Reasonable & Customary:** most pay-outs are based upon rates that are deemed Reasonable & Customary for the regional/local area (often refer to the zip code of the clinic) and/or reference Medicare/Medicaid rates. It is often difficult to get Insurance Companies to state what this rate may be & it may change frequently.

- **LIMITATIONS/EXCLUSIONS:** please use your on-line plan or Human Resource (HR) representative to obtain a copy of your benefits policy. Also use our sheet!
 - Age (of Onset):** often policies may cite that they will not cover Speech Pathology services for "EDUCATIONAL AGED" clients – often 6+

 - Medical Necessity:** many policies state that they do NOT cover DEVELOPMENTAL DELAYS; thus, coverage is only deemed appropriate if the loss is INJURY, ILLNESS OR LOSS RELATED. If you challenge this, you must have documentation & evidence. The review will be done either by a nurse or doctor. YOU MAY REQUEST that the reviewer be from a pediatric background and you may also request the notes of the reviewer

- **Explanation of Benefits (EOB):** this is the form the insured party – YOU - receives denoting the determination/results of the submitted claim. They are often Carbon Copied "CC'd" to the provider of services – Carruth; however, they do NOT always make it to us! Keep these organized and communicate with us.

- **Case Manager:** You may request that a specific Case Manager (most often an RN) be assigned to your child's insurance claims. You have the right to request a Manager with pediatric experience. (Some companies may call them Case Advocates)

- **Appeals:** You have the right to appeal a denial. Denials MUST be either requested or approved by the Insured Party – YOU. The service provider (Carruth) can provide support information; however, it must be bundled with your appeal or in reference to your appeal/reference number. (You may be able to request a "Rapid Response")