

Insurance Verification Form

Based on our families' experiences, they have provided these suggestions to verify insurance coverage. Though this may take some time, calling the insurance company to verify what services are covered for Autism Spectrum Disorder will guide the next steps for your child (and help prevent unnecessary evaluations or testing). Insurance plans vary a lot, even within the same insurance company, and it is not uncommon to speak with an insurance representative who mistakenly gives you incorrect information. If you are a parent new to negotiating your benefits and understanding what is covered, this misinformation could keep you from getting the services your child qualifies for. These suggestions will help you best direct the call representative to the autism portion of your plan and document the call.

First, have the following page ready to copy down your information, then call the number on the insurance card and. Tell them that your child has an autism diagnosis, and you would like to know, **“What evaluations are needed to receive coverage for ABA (Applied Behavior Analysis) therapy for Autism Spectrum Disorder?”** Tell them you are aware that these have a different level of coverage when a child has an autism diagnosis and that you would like them to first check what is covered under the autism section of your plan.

After the representative answers this question, repeat the answer back. For example, “So in order to receive ABA therapy services for Autism Spectrum Disorder, we need to have an ADOS or CARS completed and results reviewed by a doctor?” Write down this information on the following page and repeat again what you have written down. After confirming all the needed information, ask for the reference number of your call. This will ensure that you and the insurance company representative have a record of your conversation. If you run into problems with billing, the call reference number can be helpful.

NAME: _____

ABA Insurance Verification Form

Prior to your initial therapy visit, we strongly recommend that you contact your insurance provider to verify coverage for services. Your benefits will also be verified by our insurance coordinator, and we will obtain an authorization, if needed. However, it is important that you are aware of any potential costs you may incur. ***All patients will be responsible for charges that are not covered by insurance.***

First, record this information:

Date and time of call: _____

Name of the representative with whom you spoke: _____

The insurance representative will ask for the following information:

Diagnosis code: F84.0 Autism

Procedure code: 97151 Initial ABA Assessment/Re-Assessment 97153 Line Therapy

97154 Group Line Therapy 97155 Supervision 97156 Caregiving Meeting/Guidance

Do multiple therapies/procedures (92507 SLP & 97154) on the same day count as one visit: yes/no

Deductible: _____ Copay: _____

Are there limitations to this coverage? If so, what are they?

Reference number for the call: _____

Please be aware that it is the responsibility of the patient to inform both the clinician **and** the admin at 734-544-5561 of changes in insurance providers/benefits. Failure to update insurance coverage information may result in denial of services, and the patient will be responsible for payment for these services. Therapy sessions can be billed at costs up to \$300 per session, and you may be responsible for up to that amount until your deductible is met.