

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 NOT COVERED BY INSURANCE?

Even after your appeals, it is possible that you will be denied coverage. Still, remember that 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.

See if you qualify for your state's medical assistance program. These programs are often based on the severity of a disorder, not income. Thus, the diagnostic report will be very important in determining treatment eligibility.

Look for University Clinics in your area that offer quality services provided by supervised graduate student clinicians at reduced fees.

Also, therapy is available at your child's 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 their parents—obtain 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.

The NSA is compiling a list of effective strategies. Please send your own ideas and copies of successful appeal letters to insurance@WeStutter.org. You will be contacted about how your ideas can be used to help others. **Together, we can make a difference!**

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Please support the NSA with your time and tax-deductible donations.

The National Stuttering Association is a 501(c)(3) nonprofit organization. Since 1977, we have dedicated ourselves to providing hope, dignity, support, education, and empowerment to children and adults who stutter, their families, and the professional community.

Insurance Advocacy and Stuttering

Getting the coverage you need
Getting the coverage you deserve

Obtaining insurance coverage for the evaluation and treatment of stuttering is not always 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.



NSA Committee on Insurance Advocacy

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A Four-Step Process For Getting Insurance Coverage For Stuttering

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 variations depending upon what group you belong to or what policy was negotiated by your employer.

Read your coverage *before* your 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 only cover stuttering in some situations. This means that just asking if you are covered for *speech* (or *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 full diagnostic report can help you get coverage. Talk to your speech-language pathologist (SLP) to ensure that the report includes specific data and test results. Ask your SLP to describe *all* aspects of the stuttering disorder, 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

If you 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 certain number of sessions as determined in your plan, the next step may be to file an appeal.

Despite the frustration you may feel if payment is denied, remain objective and informative in your appeal letter. 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 chance to educate others about stuttering. This can help those who may need therapy in the future.

Here are key points to address in your 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 the development stuttering. Stuttering tends to run in families, so children with family members who stutter are at greater risk for continuing to stutter.
3. Early intervention is critical. The outcomes of early treatment are better than if treatment is 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 at risk for chronic stuttering need treatment to increase the likelihood of a positive outcome.
5. Speech-language pathology (SLP) services are not merely educational in nature. They are recognized as healthcare services by the U.S. Department of Health and Human Services and 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.

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 so they can review the specifics of the policy.)