

CHECKING COVERAGE: 13 ESSENTIAL QUESTIONS

BEFORE CALLING INSURANCE: INFO TO GET FROM THE CLIENT / CARD

Client Name: _____ Client Birthdate: ____ / ____ / ____
 I.D. #: _____ Group #: _____
 Insured Name (if other than client): _____ Relationship to Client: _____
 Insured's Birthdate: ____ / ____ / ____ Insured's Employer _____
 Insurance Phone Number (The card may say "MH/SA Benefits," "Eligibility and Benefits," "Customer Service," or "Providers" _____

THE CALL: WHAT TO ASK THE INSURANCE COMPANY

CALL DATE: ____ / ____ / ____ REPRESENTATIVE NAME _____

Request outpatient mental health benefits." Tell them if you're a network provider.

1. Copayment (flat fee) or Coinsurance (percent)	
2. Deductible (if applicable)	
3. Deductible met so far this year	\$ _____. ____
4. Are Benefits In Effect? When Do They Renew?	Effective: ____ / ____ / ____ Renews: ____ / ____ / ____
5. Sessions Allowed per Year	
6. Is Pre-authorization Needed? (for some plans, authorization is needed only after a certain number of sessions)	No ____ Yes ____ Needed After Visit # ____ ■ If Yes: Auth #: _____ ■ # of Sessions Authorized: _____ ■ Start: ____ / ____ / ____ Expires: ____ / ____ / ____
7. Claim form: Use CMS-1500?	Yes ____ No ____
8. Out-of-pocket Maximum (amount client pays before the plan starts paying 100%)	
9. Claims address or electronic Payor ID for MENTAL HEALTH or EAP claims	
10. Are CPT codes 90847 and 90846 (couples/family therapy) covered?	Yes ____ No ____
11. Am I a network provider for the plan?	
OUT-OF-NETWORK PROVIDERS:	
12. Is my license covered?	Yes ____ No ____
13. Is my fee within the plan's UCR (Usual, Customary, Reasonable fee) or Allowed Amount? Have your most common CPT codes and fees for each	UCR: CPT CODE: _____ : \$ _____ UCR: CPT CODE: _____ : \$ _____ UCR: CPT CODE: _____ : \$ _____