

# 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.*

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