

CHECKING COVERAGE: ESSENTIAL QUESTIONS

(updated 10.2021)

BEFORE CALLING INSURANCE: INFO TO GET FROM INSURANCE CARD

1. Client: _____ I.D.#: _____
 2. Insured (if other): _____ I.D.#: _____
 3. Relationship: _____ Group #: _____
 4. Insured's Birthdate: _____ Client Birthdate: _____
 5. Insured's Employer: _____
 6. Insurance Phone Number (The card may say "MH/SA Benefits," "Eligibility and Benefits, For Pre-Authorization, Customer Service."): _____
 7. Insurance Company: _____

THE CALL: WHAT TO ASK THE INSURANCE COMPANY

CALL DATE: _____ REPRESENTATIVE NAME: _____

Request outpatient mental health benefits. Tell them you are a member seeking "out of network" coverage.

1. Is telehealth covered? For how long? Video & phone? What modifier/Place of service code?	
2. Copayment (flat fee) or coinsurance (%)? for telehealth & office visits; is this being waived for telehealth? Until when?	
3. Deductible (if applicable): Is this being waived right now? Until when?	
4. Does client have unlimited sessions?	
5. When do Benefits Start & Renew?	Effective: ___/___/___ Renew: ___/___/___
6. Deductible met so far this year	\$ _____.
7. 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: ___/___/___
8. Out-of-pocket Maximum (amount client pays per year before plan starts paying 100%)	
9. Claims address/electronic payer ID for EAP or MENTAL HEALTH claims	
10. Are CPT codes 90791, 90834, 90837 covered?	Yes: ___ No: ___
EXTRA: OUT OF NETWORK PROVIDERS:	Yes: ___ No: ___
12. Is my therapists's license covered? LCSW	
13. Is my fee within the plan's UCR (Usual, Customary, Reasonable fee)?	UCR: CPT CODE: _____ \$ _____ CPT CODE: _____ \$ _____
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