



### Do You Know The Client's Insurance Policy Benefits?

Call the insurance company and ask the following.....

Call Reference Number: \_\_\_\_\_ Date: \_\_\_\_\_

Policy Holder Name and DOB: \_\_\_\_\_

Client Name and DOB: \_\_\_\_\_

Insurance Company and Plan Name: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_

1. ELIGIBILITY & DEDUCTIBLE: For what period is the client eligible: a calendar year, a fiscal year, a year from starting services, or other? Date Range: \_\_\_\_\_
  - a. Is there a deductible that needs to be met prior to utilizing benefits? **YES or NO**
    - i. *If yes*, how much is the deductible? Individual \$ \_\_\_\_\_ Family \$ \_\_\_\_\_; Has it been met? **YES or NO**  
*If not*, what amounts remain? Individual \$ \_\_\_\_\_ Family \$ \_\_\_\_\_
2. OUT OF POCKET MAXIMUM: Is there an Out of Pocket Maximum?
  - a. If yes, how much per Individual \$ \_\_\_\_\_ Family \$ \_\_\_\_\_  
Has it been met? **YES or NO**  
*If not*, what amounts remain? Individual \$ \_\_\_\_\_ Family \$ \_\_\_\_\_
3. QUANTITY AND RATES: Is there a limited number of sessions covered per year? **YES or NO**
  - a. *If yes*, how many? \_\_\_\_\_ Is this a hard cap? \_\_\_\_\_
    - i. *If not*, what is the procedure to request more services? \_\_\_\_\_
  - b. What will insurance cover per unit/session? \_\_\_\_\_
  - c. What is the family's financial responsibility? Copay \$ \_\_\_\_\_ or \_\_\_\_\_% coinsurance
4. PROCEDURE CODE(S) FOR SERVICES: Determine which CPT code(s) are applicable and ask specifically about them.  
\_\_\_\_\_
5. DIAGNOSIS CODE(S): Determine which code(s) are applicable; get them from the doctor/medical report. If the child has multiple diagnoses, then verify all ICD-10 codes.  
\_\_\_\_\_
6. Is the combination of CPT and ICD-10 code(s) valid, eligible, and billable? **YES or NO**
7. PLACE OF SERVICE: Does it matter where services are provided? **YES or NO**
  - a. *If yes*, ask if each Place of Service Code applicable is covered:
    - i. 02 (telehealth, not in patient home); 03 (school); 10 (telehealth, patient in home); 11 (office); 12 (home); etc.
  - b. Are there different coverage rates for facility and non-facility service?
    - i. *If yes*, what are the rates? Facility \$ \_\_\_\_\_; Non-Facility \$ \_\_\_\_\_
8. Does a Prior Authorization / Precertification / Predetermination need to be done prior to starting services? **YES or NO**
  - a. If yes, what is the procedure? \_\_\_\_\_