



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? _____