

Getting The Most From Your Insurance

To determine if you have insurance coverage for behavioral intervention, you will need to call your insurance company and request the information outlined below for Eligibility & Benefits. PIP and MEDICARE do not need to call. Before calling, you will need a diagnosis from your therapist. Fill in the space below marked “*diagnosis”. You will need your insurance identification card, a pen or pencil, and this form.

Remember: You are the customer, you have the right to this information and to be treated politely and with patience. Begin by saying: “I am calling to find out what coverage my out of network benefits offer for a series of services provided by a licensed Nurse Practitioner.” If you already know, tell the insurance company what your diagnosis is or that you still need to find out: _____.

After you answer all of the representative’s questions, ask, “To whom am I speaking” Write down rep’s Name _____

Phone Number, ext _____

Ask: “Must I obtain a pre-authorization or a referral to be evaluated? _____ Who must obtain this? _____”

INTAKE INTERVIEW

Ask the representative: Is a diagnostic interview-CPT code 90801 covered? _____ The charge is \$265. How much will I be reimbursed? _____. Next, the representative will ask what procedures are going to be performed. If the representative does not ask, tell them that you have questions about the coverage for a number of procedures and that you have the codes for these procedures.

PSYCHOTHERAPY WITH MEDICATION MANAGEMENT

Ask the representative: Is psychotherapy with medication management (20-30 minutes) - CPT code 90805 covered? _____ The charge is \$165. How much of this is covered under my plan? _____ Is there a maximum dollar amount for this service? _____

MEDICATION MANGEMENT

Ask the representative: Is medication management (20 minutes) - CPT code 90862 covered? _____ The charge is \$110. How much of this is covered under my plan? _____ Is there a maximum dollar amount for this service? _____

Now ask the representative:

What is my maximum lifetime benefits for these procedures? _____

What limitations are there on my coverage? Daily _____, Weekly _____, Monthly _____, Annually _____

What deductions must be satisfied before reimbursements are made? _____

How much of my deductible has been satisfied to date? _____

Once again, ask for your representative’s name: _____

After ending the conversation, record date _____ and time _____ of call.

Then bring the completed form to our office. We will make a copy for our records. You should keep the original.

COMMONLY TREATED “ICD-9” DIAGNOSTIC CODES

Medical Diagnosis

Irritable Bowel Syndrome: **564.1**

Obsessive Compulsive

Fibromyalgia: **729.1**

Disorder: **300.30**

Pain Disorder with Both

Psychological And Medical

Factors: **307.89**

Disorder: **302.60**

Behavioral Health Diagnosis

ADHD: **314.01**

Major Depression: **296.00**

Adjustment Disorder: **309.00**

BiPolar Disorder: **296.40**

Panic Disorder: **300.00**

PTSD: **309.81**

Generalized Anxiety

Sincerely, Deborah Drumm APN,BC, 93 Main St., Suite 1, Newton, NJ 07860, Phone 973-579-9394