

## Insurance Benefits Worksheet

This worksheet is designed to help you get the most from your insurance policy. Many insurance companies now require pre-authorization for mental health services. Those that do rarely back date an authorization, so please call your carrier before your first appointment to be sure.

Some insurance companies now use a "third party administrator" or TPA to handle mental health benefits.

Note: If there is a secondary insurance carrier, Georgia law dictates that the insurance of the policy holder with the earlier birth date (the birth month, not the birth year) will be the primary policy.

Unfortunately, I find it often takes several phone calls to get to the person at the insurance company who can answer the questions.

1<sup>st</sup> #: (    )    -    Name of Person Contacted: \_\_\_\_\_

2<sup>nd</sup> #: (    )    -    Name of Person Contacted: \_\_\_\_\_

3<sup>rd</sup> #: (    )    -    Name of Person Contacted: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Policy Holder's ID#: \_\_\_\_\_

Group#: \_\_\_\_\_

Please confirm the name and address for mailing mental health claims. It is usually not the address on the insurance card.

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

A full evaluation for ADHD or learning problems in a child or teen typically requires seven hours of psychological testing, plus three additional hours for the report preparation. The CPT code for these hours is 96101. Please note that in recent years, most insurance companies will not pay for testing to rule out learning problems, because your tax dollars pay for the public school system to perform such testing (even if your child attends a private school). Similarly, an increasing number of insurance companies have stopped paying for psychotherapy for treating ADHD. They will pay only for the diagnosis. If I am going to be evaluating your child or teen for learning problems and/or ADHD, please be sure we discuss billing and insurance issues before the first appointment.

**Is pre-authorization required for mental health visits?** [  ] yes; [  ] no

If "yes", ask for the authorization # for the initial visit: \_\_\_\_\_

Authorization # for subsequent visits (if provided): \_\_\_\_\_

The number of additional visits approved with this authorization: \_\_\_\_\_

**Is a separate pre-authorization required for testing?** [  ] yes; [  ] no

If "yes", ask for an authorization # for the testing: \_\_\_\_\_

**Please be sure you have read the web page: Psychological Testing for Children and Teens.**

Is there a separate mental health deductible for the policy? [ ] yes; [ ] no

If "yes", how much is it? \$ \_\_\_\_\_ How much has already been met? \$ \_\_\_\_\_

If "no", how much is the medical deductible? \$ \_\_\_\_\_

How much has already been met? \$ \_\_\_\_\_

Is your deductible based on a calendar year [ ] or on a different 12 month period? \_\_\_\_ to \_\_\_\_

Getting the insurance company to tell you its Usual and Customary Rate ("UCR" or the "allowed" rate that participating providers can charge) is almost impossible. Use this list to record the UCR the insurance company will consider for these services:

<b>CPT Code</b>	<b>Type of Session</b>	<b>Fee Schedule: Amount Allowed</b>
CPT code 90801	Diagnostic Interview (45 minutes)	\$ ____ out of \$170
CPT code 90806	Individual Psychotherapy (45 minutes)	\$ ____ out of \$170
CPT code 90808	Individual Psychotherapy (75 - 80 minutes)	\$ ____ out of \$255
CPT code 90847	Family Psychotherapy (45 minutes) Note: Some policies will not pay for family psychotherapy. Many will not pay for "marital" psychotherapy (uses the same CPT code).	\$ ____ out of \$170
CPT code 96101	Psychological Testing/Evaluation (per 50 minute hour)	\$ ____ out of \$170

What is the co-payment for psychotherapy (90806)? \$ \_\_\_\_\_.

Remember, if they tell you they will pay 80%, leaving you with a co-payment of 20%, ask, "20% of *what?*"

Their reimbursement rate will be based on the allowed amount, which may be less than my rate.

Some policies vary the co-payment after a certain # of sessions. If your does, please list the specifics below:

Maximum visits per year: \_\_\_\_\_ [ ] Calendar year or [ ] year begins on \_\_\_/\_\_\_

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