Helpful Insurance Tips

In view of the changing insurance environment, patients and their families have increased responsibility for working with their insurance companies to make sure that they are aware of any requirements which must be met to ensure coverage. Although CRG will work with you in meeting those requirements, please understand that the responsibility for payment is yours and not your insurance company's.

As written in CRG's financial policy, we will file claims as a courtesy to you. We require payment in full at the time of service and you will receive any reimbursement for services directly from your insurance company. If your mental health coverage has the Sagamore Health Network, any copayments, deductibles, and coinsurance amounts will be collected at the time of service.

Checking Your Benefits

We strongly encourage our families to contact their insurance carrier to find out the benefits of their particular plan before coming to our office, including those with the Sagamore Health Network. It is very helpful to know what to expect financially so that you and your family can make the best decisions about treatment. When checking your coverage, please note that some insurance plans have separate mental health coverage through another carrier or network. Mental health benefits are often times completely different from your medical plan, and usually have separate deductibles to be met. By looking at your insurance card, you can find out if there is a separate mental health number to call to check on your benefits. If your mental health coverage is through Sagamore Health Network, you will want to find out what your "in network" mental health benefits are. If your mental health coverage is through another carrier or network you will want to find out what your "out of network" mental health benefits are. In either case, you may have a deductible that needs to be met for the year before your insurance will start paying for services. After your deductible has been met, your plan will cover a certain percentage of each service. Out of network services are subject to and paid according to "usual and customary" amounts that are dictated by the plan. For example:

Your plan may cover 50% for out of network services. The total charge for your intake visit with one of our psychologists is $285.00. Your particular insurance company may only allow $150 of the $285 charge. This means that they will only pay 50% of $150, and you are responsible for the difference. Your insurance company may not be able to tell you what their allowed amounts are on certain services before the service takes place, but it never hurts to ask.

Pre-Authorization

It is very important to check with your insurance company to find out if you need to have any prior authorization for services before coming to your first appointment. Lack of obtaining required pre-authorization results in immediate denial for payment by insurance companies. The initial visit with any one of our psychologists will be an initial diagnostic interview with the CPT code being 90791. The initial visit with any of our medication providers (psychiatrist or nurse practitioner) will be an initial diagnostic interview with the CPT code being 90792. This code may be helpful when calling to get pre-authorization with your insurance carrier. They will usually need the provider's name and licensure (Ph.D., M.D.) as well as the date of the scheduled appointment. We encourage families to wait on preauthorizing any other services until you have come for your initial appointment and met with the provider to see what services would be most beneficial for you. Our office is happy to help when the time comes to give you other procedure codes and helpful insurance information.

Based on the recommendations you receive and your decision to begin those services, you will then need to contact your insurance company to determine if our office needs to give any clinical or procedural information about the treatment you will be receiving. The recommendation given by our psychologists may be to proceed with psychological testing to gain a better understanding of your child's strengths and weaknesses and to ensure an accurate diagnosis. Psychological testing can be an insurance reimbursable service; however, most insurance companies need to establish the medical necessity (in other words, the main reasons and concerns for which the psychologist feels testing needs to be done). Once you have determined if medical necessity needs to be established, you can then contact our office to request that we provide all of the necessary information to your insurance company. Please take into consideration the turnaround time for your insurance company to complete a pre-authorization once they receive all the necessary information. It is very important for you to follow up with them and check to see if the services have indeed been authorized before the appointment actually takes place. It is often times extremely difficult to obtain an authorization after services have already occurred.

If you or your family receive further treatment at CRG, it is important to again follow up with your insurance company to see what steps need to be taken to obtain authorization for ongoing psychotherapy or medication management services. Often times, insurance companies require the providers to send in treatment update forms indicating progress in treatment and their recommendations for ongoing services. It is your responsibility to make sure authorizations for ongoing services are current and that you provide us with the appropriate forms and time frame for submission back to the insurance company.

Points Worth Questioning

It is very important that families understand their healthcare plan. However, knowing the right questions to ask can sometimes be difficult. Often times, insurance plans will have certain stipulations as to the types of treatment that they will cover. These stipulations or exclusions are required to be written in your insurance handbook, but are usually not disclosed by insurance companies unless you directly ask.

- It is important to inquire what types of providers are covered under your plan. Our office will provide you with the credentials of the provider you are going to see at CRG.
- CRG tries to accommodate families' schedules as much as possible by allowing patients to coordinate medication management and therapy appointments on the same day. However, please keep in mind that while this can be more convenient for families, some insurance companies will not cover two appointments for a patient within the same day.
- There may be times when the provider or family will find it necessary and beneficial to meet for a therapy session without the patient present or via telephone/GoToMeeting. It is important to ask your insurance company if this type of visit is covered or excluded on your policy so you will know what to expect financially.
- Some policies have a maximum benefit per visit, which means that no matter what procedure or amount is billed, they will only pay up to a certain dollar amount per visit. This differs from the "usual and customary" amounts dictated by the insurance company. (For example, if you have a $30.00 maximum per visit written in your policy, insurance may allow $100.00 of a $120.00 charge but will only pay up to $30.00.)
- It is also very important to find out if there are any diagnosis exclusions or psychological conditions that are not covered on your particular policy. Please note that some policies will cover only up to the point of diagnosis and will not cover treatment for certain conditions. This can be helpful in knowing what to expect once claims are filed for your services.

We hope this information is helpful in easing the way for you to receive quick and accurate reimbursement from your insurance company. We have experienced that educating our families on what to expect both clinically and financially helps to make decisions in treatment easier and enables them to focus on what's most important. After all, CRG believes, "Families do well if they can."

Insurance Worksheet

Before you make the initial phone call to your insurance company to check on your benefits, collect the following information from your insurance card and from your phone conversation with one of CRG's intake coordinators. This will help ensure you have the all the necessary information you will need before you get on the line with the insurance representative.

Identification/Policy Number: ______________________ Group Number: _____________

Provider's Name: _________________________________ Credentials: ________________

Mental Health Phone Number: ____

The following questions will help you get the answers you want as to what to expect for coverage and your reimbursement for services at CRG. It is important to document all of this information in case you need to refer back if there are discrepancies further down the road.

- ❑ To whom am I speaking? ____
- ❑ Who handles my mental health coverage and claims payment? ________________
- ❑ Is my provider in or out of network with my insurance company? IN OUT
- ❑ Do I have a deductible for in or out of network services? $ _________________
- ❑ Is there a separate individual and family deductible I have to meet?

  Individual: $ ______________________ Family: $ _____________________
- ❑ What percentage will my plan pay after I meet my deductible? _______%
- ❑ How many visits am I allowed per calendar year? ___________________________
- ❑ Do I have a maximum dollar amount per visit stated in my policy?

  YES ($ ________) NO
- ❑ Is my provider's licensure covered under my plan? YES NO
- ❑ Are the following therapies covered under my plan?

  Family Therapy: YES NO Group Therapy: YES NO
- ❑ Are telephone appointments covered under my plan? YES NO

- ❑ Are web/online appointments (e.g. Skype/GoToMeeting) covered under my plan?

  YES NO

- ❑ What are the allowed amounts for the following procedure codes?

  - 90791 (Psychiatric Diagnostic Evaluation/Intake with PhD/PsyD) - $ ______
  - 90834 (Therapy Visit, 45 minutes) - $ ______
  - 90837 (Therapy Visit, 60 minutes) - $ ______
  - 90839 (Psychotherapy for Crisis – first 60 minutes) - $ ______
  - 90840 (Psychotherapy for Crisis – each additional 30 minutes) - $ ______
  - 90846 (1 Hour Family Therapy without patient) - $ ______
  - 90847 (1 Hour Family Therapy with patient) - $ ______
  - 90853 (Group Therapy) - $ ______
  - 98968 (Telephone Services with a Therapist, 21-30 minutes) - $ ______
  - 98969 (Online Medical Evaluation with a Therapist) - $ ______
  - 90792 (Psychiatric Diagnostic Evaluation with Medical Services/Intake with MD/NP) - $ ______
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  - 90832 (Therapy with MD, 30 minutes) - $ ______
  - 90863 (Medication Mgmt add-on to be used with therapy) - $ ______
  - 99213 (E&M of an Established Patient, 15 minutes) - $ ______
  - 90833 (Therapy add-on when performed with E&M service, 30 minutes) - $___
  - 99443 (Telephone Services with a Physician, 21-30 minutes) - $ ______
  - 99444 (Online Medical Evaluation with a Physician) - $ ______
  - 96136 (Psychological Testing with HSPP) - $ ______
  - 96137 (Psychological Testing with HSPP) - $ ______
  - 96130 (Psychological Testing with HSPP) - $ ______
  - 96131 (Psychological Testing with HSPP) - $ ______
  - 96138 (Psychological Testing with Non-HSPP) - $ ______

- 96139 (Psychological Testing with Non-HSPP) - $ ______
- 96146 (Computerized Testing) - $______
- 96132 (Neuropsychological Testing) - $______
- 96133 (Neuropsychological Testing) - $______
- 92506 (Speech and Language Testing) - $ ______
- 92507 (Speech and Language Therapy) - $ ______
- 92521 (Evaluation of speech with evaluation of speech fluency) - $______
- 92522 (Evaluation of speech with evaluation of speech sound production)- $______
- 92523 (Evaluation of speech with evaluation of language comprehension and expression) - $ ______

❑ Does my plan require pre-authorization for:

- The initial visit?

  NO YES - Instructions:

- Psychological Testing?

  NO YES - Instructions:

- Ongoing Services (psychotherapy and/or medication management)?

  NO YES - Instructions:

❑ Does my plan have any exclusions (diagnostic or otherwise)?

NO YES: ____