

“INSURANCE 101”

We are here to assist you with the often-mysterious world of health insurance. Below are simple steps you can take to learn more about your insurance coverage and any out of network benefits you may be entitled to utilize.

STEP 1: To contact your insurance company about “out of network benefits,” locate the customer service number, which is usually printed on the back of the insurance card. If you do not have an insurance card, the company’s website should list a customer service number for subscribers. You will be required to provide the following information:

CLIENT’S INFORMATION:

- Client’s Subscriber Number (usually listed on the front of the card)
- Client’s full name (as it is listed on the card)
- Client’s date of birth

FACILITY INFORMATION:

- Facility’s name, phone number, address, and EIN (Tax ID)
- Therapist’s National Provider Identification Number (also known as NPI #)
Our facility and therapists’ information is listed below:

*Marriage and Family Therapy Services – (828) 328-4673
832 2nd Ave. NW
Hickory, NC 28601*

*EIN (Tax ID) #: 26-1697988
Brenton Queen – NPI # 1548330905
Liza Shaw – NPI # 1861439945*

STEP 2: Call the customer service number. Choose the option that indicates you are the “card holder” and also that you are calling about “Benefits and Eligibility.” If you reach an automated Voice system, you can repeat the word “REPRESENTATIVE” until you bypass the rest of the various options (this is a shortcut that usually saves valuable time!) Alternatively, you may be able to get a human-being faster by hitting the “0” button repeatedly if the voice-system is not an option. When a representative answers, **inform him/her that you are calling to verify out of network benefits.** Specify that the visit you are inquiring about is called a “Mental Health outpatient office visit.”

DEDUCTIBLES

If you do, in fact, have out of network benefits, the representative may inform you that you have a deductible to meet first, before any benefit is paid. **A deductible is the amount of money the subscriber must pay out of their own pocket, before any insurance benefit will kick in.** Be sure you get the amount of the deductible. Also, find out if there has already been some money paid toward your out of network deductible for this year, and ask whether or not this amount is tracked on a calendar-year basis, or a renewal-date basis (it is important to know when the deductible will start over). The more money that has been paid towards this out of network “deductible,” the sooner your insurance benefit will kick in.

CO-PAYS/PERCENTAGES

Your benefits may reimburse you all except for a set amount of money (co-pay), or in the amount of a percentage of the “allowable” or “usual and customary” rate. This is the maximum amount of money that your insurance company will allow for a particular service. These services are assigned “CPT Codes,” which describe the procedure provided on a particular date of service. **Ask for the allowable rates for the following CPT codes, to determine how much your reimbursement will be, based on the percentage of the amount, or the fixed co-pay amount.**

<i>Adults:</i>	<i>Children:</i>
90801 – Initial Consultation (45-55 min)	90802 – Initial Consultation (45-55 min)
90806 – Individual Psychotherapy (45-55 min)	90812 – Play Therapy (45-55 min)
90808 – Extended Psychotherapy (75-80 min)	90814 – Extended Play Therapy (75-80 min)
90846 – Family Therapy without Client Present (time varied)	90846 – Family Therapy without Client Present (time varied)
90847 – Family Therapy with Client Present (time varied)	90847 – Family Therapy with Client Present (time varied)
96101 – Psychological Testing	96101 – Psychological Testing
90880 – Hypnotherapy (time varied)	

STEP 3: Ask what documentation is required to be submitted with the claims. We will be happy to provide you a detailed receipt with Date(s) of Service, CPT Code(s), and all Diagnosis Codes. Also, ask where to locate claim forms. Usually insurance companies offer claim forms on their website, or you can ask them to mail you several. Be sure you get the correct address to mail the claims. When you send in the claims, be sure you keep copies of all of the documentation you sent, in case you must follow up with a phone call later.

For more information, or questions about Insurance issues or utilizing out of network benefits, ask Amy Crawford, our Office manager.