

**FAQ: Steps For Speaking With Your Insurance Carrier About Your Mental Health Benefits**

As a courtesy, Cashman Center will connect with your insurance carrier for pre-authorization and verification of insurance benefits. However, insurance carriers indicate that this benefit verification is not a guarantee of coverage. You are ultimately responsible for understanding your coverage, including deductible(s), co-pay/co-insurance amounts, limits on number of visits, etc. – as well as for any and all charges not covered by your insurance.

Here are some helpful tips about how to speak with insurance about your mental health benefits:

- When verifying coverage at Cashman Center, you may need to refer to our clinic as “Swenson Psychological Services, doing business as Cashman Center”

**How to Verify Your Benefits Via Phone:**

1. Call the number listed on the back of your primary insurance card for “Mental Health Benefits” or “Behavioral Health Benefits”. If there is no separate number for either of these options, call the customer service number.
2. From the menu options, choose an option having to do with finding out ‘member benefits’.
3. Hold for the customer service representative and give them your insurance ID number and ask them the following questions:

I need to find out if Swenson Psychological Services, doing business as Cashman Center is an in-network provider for my mental/behavioral health benefit plan? *Note: our National Provider Identification Number (NPI) is: 1740429307*     yes     no

(If “no”, then you will need to ask if you have OUT-of-network benefits for mental health services and then ask the same questions below in terms of out-of-network benefits).

Are these all “**valid & billable codes**”?

**Do these codes require preauthorization?**

90791? (intake assessment)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
90834? (45 min. therapy session)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
90837? (60 min. therapy session)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
90853? (group therapy)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
96130/96131? (1 hr/unit of testing administration services)		
How many units are covered without prior authorization?		
96136/96137? (30 min/unit of psych testing)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
How many units are covered without prior authorization?		
99205? (1 hr. medication eval)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
99214? (20 min. med follow-up)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

If they say “**no**” **preauthorization** needed for **any** codes, then say:

“Just to verify, you are saying there is NO preauthorization needed for 96130/96131/96136/96137, psychological testing? I’m just checking because the Cashman Center informed me that those services often do require preauthorization”

(Did they still say no preauth?  yes  no )

If they say “**yes**” **preauthorization** is needed for any codes above, then ask, “What is needed to obtain pre-authorization?” \_\_\_\_\_

Are there any **exclusions** for the following diagnoses/testing?:

Cognitive/IQ testing  yes  no

Educational/academic achievement testing  yes  no

Intellectual Disabilities (F70, F71, F72, F72, F73, F78, F79)  yes  no

ADHD (F90.0, F90.1, F90.2, F90.8, F90.9)  yes  no

Autism Spectrum Disorders (F84.0)  yes  no

Learning Disorders (F81.0, F81.81, F81.2)  yes  no

What is my deductible? \$\_\_\_\_\_ (Is there a separate family deductible vs. individual?)

How much of it have I met? \$\_\_\_\_\_

What is my co-insurance or co-pay amount for each session?

(usually this will apply AFTER you have met your deductible—ask to make sure) \$\_\_\_\_\_

Insurance Call Date: \_\_\_\_\_

Insurance Call Reference Number: \_\_\_\_\_