# Questionnaire for Determining Behavioral Health Insurance Benefits

Try to get an answer to each question, and make longer notes if you need to, so you can be clear about the coverage. You will need to have this information before you call:

Patient's name: _____

Patient's date of birth: _____ Patient's ID/SS #: _____

Policy holder's name (if different from patient): _____

Policy holder's date of birth: _____ Policy holder's ID/SS #: _____

Policy holder's employer: _____

Address of policy holder's employer: _____

Name of MCO or other insurer: _____

Policy #: _____ Group #: _____ Renewal date_____

Name of any behavioral health subcontractor: _____ Phone number: _____

| Phone # | Buttons or prompts | Date(s) called | Name(s) of representative(s) spoken with |
|---|---|---|---|
| | | | |
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1. Is this specific patient covered under this policy? ❑ Yes ❑ No
2. Are services for treating "mental and nervous disorders" covered? ❑ Yes ❑ No
   Are services for treating "drug and alcohol disorders" covered? ❑ Yes ❑ No
3. Is "outpatient psychotherapy" or "outpatient mental health/behavioral health treatment" for these disorders covered? ❑Yes ❑ No
4. Will the insurance pay for these kinds of treatment? Individual psychotherapy ❑ Yes ❑ No
   Family therapy ❑ Yes ❑ No Psychological testing ❑ Yes ❑ No
   Drug and alcohol treatment ❑Yes ❑No Medication prescription and monitoring ❑ Yes ❑ No

Group therapy ❑Yes ❑No ❑ Other: _____

(cont.)

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Questionnaire for Determining Behavioral Health Insurance Benefits (p. 2 of 3)

5. Is this coverage Current ❑ Yes ❑ No ❑ Won't start until _____ of 20 ___

   ❑ Due to end on _____ ❑ Ceased as of _____? ❑ Yes ❑ No

6. Are services provided by a licensed psychologist, social worker, or other mental health professional covered?

   a. Are additional credentials required? (If yes, which?) ❑ No ❑ Yes

   b. Is referral by a physician required? ❑ No ❑ Yes

   c. Is supervision by a physician required? ❑ No ❑ Yes

   d. Is consultation with a physician required? ❑ No ❑ Yes

7. Will this insurance plan pay providers who are "out-of-network"? ❑ Yes ❑ No

   Do out-of-network services need to be preapproved? ❑ Yes ❑ No

   If yes, how do I get preapproval? _____

   Are there any special restrictions or requirements for using out-of-network benefits?

_____

_____

   Are there limits to the types of treatment covered? ❑ Yes ❑ No (If yes, what?)

_____

   Are the answers from question # 6 (above) the same for out-of-network benefits?_____

8. Is there an exclusion for "preexisting" conditions? ❑Yes ❑No

   Are these present in this case? ❑ No ❑ Yes.

   What are they?: _____

   _____

9. Are there excluded diagnoses? (Ask about ADHD and learning disorders, ODD, autism spectrum disorders, borderline personality disorder, conduct disorder, chronic pain, or others as relevant.):

_____

_____

10. Is there a deductible that must be paid by the patient before the insurance company will pay anything?

    ❑ No ❑ Yes. If yes, how much is it? $

    Is this deductible per year, per calendar year, per person/client, per family, per diagnosis (underline which) or

    Choose One

11. Will the insurer pay the entire amount of allowable charges (after the deductible) for mental health services, or does it reduce the coverage for mental health services? ❑ No reduction ❑ Yes. How much? $ _____ or _____ %.

12. Is there a limit on the amount the insurance will pay for mental health services in a year or a lifetime?
❑ No ❑ Yes. If yes, $ per year and/or $ in lifetime. _____
How much of this remains available? $ _____

13. Is there a limit on the number of visits/sessions per year or by diagnosis? ❑ No ❑ Yes, per year.
❑ Yes, by diagnosis:
_____

14. If the spouse, the parents of a child patient, or the whole family is seen with the patient are these visits covered differently than visits of the patient alone? ❑ Yes ❑ No
Are sessions with parents of a child patient without the child present covered? ❑ No ❑ Yes If yes, how?
_____
_____

15. Will the policy pay for sessions longer than 1 hour? ❑ Yes ❑ No
16. If we must meet for two sessions on a single date, will insurance pay for it or for only a single session per day?
❑ Double session payment ❑ Only one session
17. Will insurance pay for more than one session per week? ❑ No
❑ Yes, but only sessions___ per week. ❑ Yes, as decided by the professional

18. Coordination of benefits: What rules apply if more than one insurance company is providing coverage for this patient and claims are submitted to both companies? (Which has priority?) _____
_____
_____
_____

19. Are there any other rules, requirements, forms, or procedures that we should be aware of?
_____
_____
_____
_____

20. Treatment(s) Authorization number _____ Authorizer: _____
_____
Starting date: _____ Number of sessions authorized: _____

Dollar limit: _____ Authorization renewal date: _____

21. Authorization to be faxed or mailed on _____ .

    Authorization received? Yes on _____ Not received as of _____

22. Where are claims forms to be sent?

_____

_____