NIATX Conference Call Wednesday March 14th 2:00pm

Topic: Fee for Service and Third Party Billing

Oakwood Clinical Associates

Our best practices on the front end to reduce denials on the back end.

1. Obtain insurance information from patient

Questions asked during initial call for services:

1. Do you have insurance or how will you be paying?
2. What is the name of you insurance?
3. May I have your member ID or policy number?
4. Is there a group #? May I have it please?
5. Are you the primary policy holder?
6. If not who is?
7. Is this insurance through your (or the primary policy holder’s) employer?
8. May I have the name of your (their) employer?
9. May I have the phone # on the back of the card for benefit information or for behavioral health information?
10. Verify insurance benefits at least 24 hours prior to appointment – sooner is better

Questions asked during insurance verification:

1. Call the phone number supplied by the patient
2. State you are calling to verify outpatient (level of care) behavioral health benefits, may need to use the terms mental health and/or substance abuse
3. You will be asked a series of clinic and patient verification questions:
4. Tax ID #
5. NPI: clinic and/or provider
6. Clinic address and telephone number
7. Name of individual provider
8. Patient name
9. Patient DOB
10. Member ID # or policy #
11. Policy holder’s employer
12. Clinic’s network status – in or out of network
13. Is there a deductible? Family or individual deductible? How much, if any, has been met?
14. Is there a visit limit? Is it per calendar year or policy year? If policy year, what are the beginning and ending dates?
15. What percentage does the plan pay? Is that based on contract rate, plan allowable amount or usual and customary rate? If allowable or usual and customary ask for those rates.
16. Is there a copayment separate from any co-insurance?
17. Does the plan cover individual, group and family therapy? You may need to supply the CPT codes
18. Is there an out of pocket maximum that may affect the patient’s payment responsibility?
19. Is there authorization needed? If so, obtain it.
20. At what point is reauthorization needed?
21. If needed ask for claims mailing address or electronic payer ID #.
22. Call patient to inform them of their insurance benefits and payment responsibility
23. Provide disclaimer: we verified your insurance benefits as a courtesy. We cannot guarantee the accuracy of the information provided by your insurance company. We will collect payment from you based on the information they provided us. However, any remaining balance is your responsibility.
24. Inform patient of their deductible and payment responsibility per appointment.
25. Inform patient of any copayment or coinsurance amount (after deductible is met) that is expected at each appointment.
26. Inform patient that we accept cash, check (electronically processed) or credit/debit cards.
27. Inform patient that payment is due at each appointment.
28. Review of Fee agreement during intake/orientation
29. See attachment
30. Front Desk payment collection policy
31. See attachment
32. Questions