

## 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

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		<input type="checkbox"/> Yes <input type="checkbox"/> No
Family therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Psychological testing <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
Drug and alcohol treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication prescription and monitoring <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>

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?

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

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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?: \_\_\_\_\_

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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.):

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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:

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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?

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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?) \_\_\_\_\_

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

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20. Treatment(s) Authorization number \_\_\_\_\_ Authorizer: \_\_\_\_\_

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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?

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