

# BENEFITS AND ELIGIBILITY VERIFICATION FORM FOR TELEHEALTH

## **Information needed before the benefits check starts:**

- \*Client's Full Name:
- \*DOB:
- \*Policy Holder's Name:
- \*DOB:
- \*Primary Insurance/Behavioral Health Insurance Plan:
- \*Provider Phone Number (on the back of the card):
- \*Member ID#:
- \*Effective Date of Policy:

## **Questions To Ask When You Call Customer Service:**

- \*Does this client have mental/behavioral health coverage?
- \*What is the co-pay or co-insurance amount?
- \*Does the client have a deductible?
- \*Does the deductible apply to mental health benefits?
- \*How much is the deductible?
- \*How much have they paid towards their deductible?
- \*What is the Effective Date of the Policy?
- \*What is the policy's expiration date?
- \*What is the payer ID number for this policy?

## **What Services are covered?**

- \*Can you check and see if their policy covers telehealth?
- \*What modifiers do I use for telehealth? 95? GT?
- \*Am I required to use a specific telehealth platform or is my secure HIPPA compliant platform sufficient?
- \*Can you check to see if their telehealth coverage pays at the same rate face to face services would cover?
- \*Can you check these certain CPT codes and ensure they are covered via telehealth?

Check All of these (you may need them):

Standard Therapy Codes	Family & Couples	Brief Assessments	Crisis Codes
90791	90846	96127	90839
90832	90847		90840
90834			
<b>90837</b>			

90791 Do you cover this more than once?

96127 How often do you cover this?

## **Services Authorized**

- \*Do I need authorization for any of these services?
- \*How many sessions are authorized?
- \*When does the authorization expire?

## **Call Reference Number & Date:**