

# ENILDA CLINIC

Please call your insurance company using the phone number on your insurance card and ask the following questions. This will help you to understand your financial responsibilities as a patient and help you make informed choices for your health care with Dr. Blevins.

Name of Insurance covering Mental Health benefits?

Name of Customer Service Rep?

Date of call?

I'd like to CONFIRM Leslie Blevins PhD of Enilda Clinic PLLC is out-of-network? *Note: She should be listed as Out-of-Network for all insurances. Only proceed with gathering information if they will tell you out-of-network information. If they say Dr. Blevins is in-network, hang up and call back to get a new representative and ask again.*

Since my provider is out-of-network, what limitations might apply for therapy or assessment services?

Do I have a Deductible for outpatient non-facility mental health?

Have I met it?

If not, how far do I have to go?

Have I met my max out-of-pocket?

What is the billing address for my claims?

Is there a special form you require me to sign and submit?

Will you be sending my provider any special paperwork? My provider's email is [frontdesk@enildaclinic.com](mailto:frontdesk@enildaclinic.com), her fax number is 509-473-9460, and her address is 705 W 7<sup>th</sup> Ave, Suite D, Spokane, WA 99204

I'd like to confirm that reimbursement will be remitted to myself/the insured, as I will submit the claims for my/my child's services. Is there anything extra I need to do to ensure consistent direct reimbursement to myself/the insured from claims submitted (rather than reimbursements being sent to my provider)?

What is a reference number for this call: \_\_\_\_\_

## Therapy Questions

Do I have a copayment for the following therapy codes: 90791, 90837, 90834, 90832, 90846, 90847, 90785+?

If my deductible applies, do I have a coinsurance percentage after the deductible is met?

Does outpatient counseling need to be pre-authorized?

Do these therapy codes have any requirements for "medical necessity" to be covered? What are they?

Do certain diagnoses have any requirements for "medical necessity" to be covered? What are they?

What is my authorization number? When does this authorization expire?

How many sessions are being authorized?

Do I have a limit to the number of sessions I am allowed per benefit year?

When does the benefit year roll over?

Are my mental health therapy sessions combined with other treatment services across the year, like OT, PT, chiropractic treatment, etc.? If yes, how does my plan allow me to see my mental health provider under the mental health parity law?

Are 60-minute (90837) sessions covered?

What is the allowable amount for 90837?

What is the allowable amount for 90785+?

Are telehealth sessions covered?

Are there any restrictions on telehealth sessions?

Do I need preauthorization for telehealth sessions?

Can I see my provider more than once per week?

### **Assessment Questions**

Do I have a copayment for the following assessment codes: 90791, 96132, 96133, 96136, 96137?

What is the allowable amount for 90791, 96132, 96133, 96136, 96137?

If my deductible applies, do I have a coinsurance percentage after the deductible is met?

Does psychological or neuropsychological assessment need to be pre-authorized?

Do you need any referrals from my or my child's primary care provider to authorize neuropsychological testing?

How many hours are being authorized?

Is there a max number of hours being authorized for testing?

Is a pre-authorization form required? Please send it to my provider by email to [frontdesk@enildaclinic.com](mailto:frontdesk@enildaclinic.com)

Do these assessment codes have any requirements for "medical necessity" to be covered? What are they?

Do certain assessment CPT codes have any requirements for "medical necessity" to be covered?

Do any diagnoses need to meet "medical necessity" by my insurance plan's definition for assessment to be covered? What are the requirements for "medical necessity" per my individual plan's requirements?

Are any diagnoses excluded from coverage for assessment (90791, 96132, 96133, 96136, 96137)?

**Be sure you got the reference number for the call!**

**Please upload this document into your patient portal, or bring it with you to your first appointment.**