

Verification of Benefits Tips

Calling a payer to get coverage confirmation can be tricky. Here's a handy list of tips, information you may need, and a script for when you get a representative on the phone.

SCRIPT:

- 1. On the automated prompt indicate that you need to be connected with Customer Service
- 2. "I would like to verify eligibility and benefits for Outpatient Behavioral Health Services for myself, my child, my significant other, etc."
- 3. "The subscriber ID, DOB, first and last name, and address are..."
- 4. "Can you please confirm that Pepper Brown & Associates are an in-network provider for my plan. The billing NPI is 1427731124."
- 5. If Pepper Brown & Associates are not an in-network provider verify whether there are out of network coverage and what that coverage is.
- 6. "I need to confirm the following CPT codes 90791, 90834, & 90837."
- 7. "I want to confirm whether there is a number of visits limitation or authorization required for any of these services"
- 8. "Is there a copay, coinsurance, or deductible? What is my copay or coinsurance amount?"
- 9. "Do I have an outstanding deductible that needs to be paid before insurance will start paying for services? If yes, how much have they accumulated towards it and how much is left?"
- 10. "What is my out of pocket maximum?"
- 11. "Can you please provide me with your name and a call reference number?"

TIPS:

- Be prepared. Have all of the info you know that they're going to ask for.
- Check multiple service codes 90791, 90834, & 90837.
- ALWAYS collect the name of the representative, a call reference number, and a callback

number/the number you're being transferred to before you let someone end the call.

• Don't hesitate to call back and speak with another rep or a supervisor.