

Before calling the insurance company:

- Ensure all necessary documents are received from parents:
 - o Copy of front and back of client's insurance card
 - o All demographic intake information is complete on Eligibility Request Form:
 - Child's name
 - Date of birth
 - Home address
 - Parent's Name
 - Diagnostic Code (will mostly be F84.0- Autism)
 - Phone Number
 - o If you have multiple locations, be sure you know the service address and the lead BCBA's name and NPI at that location (some insurances will pull up our agency through the individual provider)
 - o Pull up the Eligibility verification form and prefill all available information

During call with insurance company

- ALWAYS speak with a live representative. The benefits given on the automated system are almost always for medical, we need specific ABA- Behavioral Health benefits.
- Typically have to provide provider's NPI or TIN before getting through the automated system
 - o NPI- National Provider Identifier Number
 - o TIN- Tax ID Number
- Will need to provide child's Insurance ID#, date of birth and full name
- Occasionally will ask you provider's address, member's address & phone number
- **Take down the name of the rep you speak with******
- Tell them you are looking for **ABA (Applied Behavior Analysis) Therapy Benefits**
 - o If representative asks for a codes, do not give them only codes to look up – this leads to false information. Make them look up ABA specifically.
 - o ABA usually falls under the Behavioral Health Benefit
 - o Be sure to ask for both **OFFICE** and **HOME location benefits**
 - Not always different, but can be
 - o The reps will start listing off basic benefit information
 - **Copay**
 - **Deductible**
 - **Cost Share (Coinsurance)**
 - **Out of Pocket Maximum (OOPM)**
 - **Policy effective date**
 - o You will probably have to ask for:
 - **Policy plan period**
 - Typically "calendar year" which just means January-December
 - **Whether this is a SELF or FULLY-FUNDED plan**



- **If Fully Funded, need to know the state**
- **Benefit Maximums (session limits, age caps, specific dollar limits)**
 - **These will follow state mandates if Fully-Funded**
 - **Can vary if Self-Funded**
- **Company paying the claims**
 - **Where claims are sent to**
 - **Electronic Payer ID if available**
- **If an authorization is required**
 - **Yes- need to know the auth phone # & company**
 - **No- leave other cells blank**
- **At end of call, ask for **Call Reference Number****
 - **If we ever have issues with claims in the future, we use this for support**

Tips:

- Some insurance companies will need to research benefits and give you a call back. Be sure to give them your direct phone number and name.
- If you feel unsure about the benefits quoted, call back to speak with a different rep