



PCBN Health Insurance Benefits Worksheet

Portland Cognitive and Behavioral Neurology (PCBN) is considered “out-of-network” for health insurance plans. This worksheet can help you gather information about your health plan in order to estimate the amount of money that your health insurance carrier will reimburse you. The specific amount depends on two factors: 1) whether you have out-of-network benefits and what the benefits are and 2) whether you are able to receive care using your in-network benefits.

In the fields of psychiatry, neuropsychiatry, and cognitive and behavioral neurology, finding physicians to provide care can be difficult. Sometimes none of the in-network physicians are actually accepting new patients. At other times, the wait time to see an in-network provider is so long that it is medically unsafe or inappropriate. When this happens, your health insurance company may need to cover out-of-network care under your in-network benefits plan. In these situations, you would be reimbursed for care received at PCBN as though we were in-network.

PCBN provides general psychiatric care, specialized neuropsychiatric care, and specialized behavioral and cognitive neurologic care. All of these specialties are medical, and some are also considered mental health. Authorization for mental health care is often managed differently than authorizations for medical care. If you have questions about how your insurance company would categorize your care at PCBN for authorization purposes, please ask them. We are also available to answer questions for you about this.

STEP ONE:

Contact the member services department of your health insurance carrier. The phone number is on your insurance card. Ask whether your plan includes out-of-network benefits.

IF NO, skip to STEP TWO.

If YES, ask:

1. Do I have a deductible? If yes, what is the amount? _____
2. What is the maximum number of visits per year? _____
3. What percent of reimbursement is covered under my benefit? _____
4. What are the out-of-network reimbursement rates for the following procedure codes?

Codes used for the consultation appointment:

99205 (Level 5 New Patient appointment): _____

99354 (Prolonged service code): _____



Codes for follow-up appointments:

25-minute follow-up:

99214: _____

40-minute follow-up:

99214: _____ plus **90833:** _____

Or

99215 (Level 5 Office Follow-up): _____

60-minute follow-up:

99213: _____ plus **90836:** _____

5. Is authorization required? _____ If yes, how do I obtain authorization?

Effective date: _____ Expiration date: _____

Number of visits: _____ Procedure Code Approved: _____

6. How do I submit claims? _____

7. What is the claims address? _____

STEP TWO: If you do NOT have out-of-network benefits:

1. What is the in-network deductible? _____

2. How do I get a list of in-network providers? You might ask for a list of psychiatrists, neuropsychiatrists, behavioral neurologists, and/or cognitive neurologists, depending on the specific problem for which you are seeking care with us. If you are unsure what type of specialists treat your condition, we can help you figure this out.

3. Call the providers on this list and ask whether they are taking new patients. Check off provider names as you call them **and document if you receive no answer and/or no call back**. If you receive a call back, document on the following page the names of in-network providers who are taking new patients and their first available appointments.

Portland Cognitive and Behavioral Neurology



In-Network Clinician Name Phone Number Location 1st Available Appointment



- 4. If you find in-network providers who can see you within a reasonable timeframe, fantastic! You're all done. If you do not, then go on to step 5.
- 5. Call back your health insurance member services department and let them know there is a lack of available in-network services. Let them know you have found an available physician who can see you, and ask with whom you should speak regarding receiving authorization for out-of-network services to be covered under your in-network benefits due to the insufficient network.

Your insurance company is legally obligated to provide the health care services in your contract. They must pay for an available physician if there are no available physicians in their network who can see you within a reasonable timeframe. Do not be afraid to advocate for yourself.

- 6. If you are approved to receive out-of-network care via your in-network benefits, then you'll want to know what your benefits are for in-network services. Ask:

What is the in-network deductible? _____

What is the maximum number of visits per year? _____

What percent of reimbursement is covered under my benefit? _____

What are the in-network reimbursement rates for the following procedure codes?

99205 (Level 5 New Patient Visit): _____

99354 (Prolonged service code): _____

99215 (Level 5 Office Follow-up): _____

99214 (Level 4 Office Follow-up): _____

99213 (Level 3 Office Follow-up): _____

90833 (16-37 min psychotherapy with E/M): _____

90836 (38-52 min psychotherapy with E/M): _____

- 7. Is authorization required? _____ If yes, how do I obtain authorization?

Effective date: _____ Expiration date: _____

Number of visits: _____ Procedure Code Approved: _____

- 8. How do I submit claims? _____

- 9. What is the claims address? _____

If you have any questions, give us a call. Obtaining benefit information can be tough and we are happy to help.