

VERIFICATION OF BENEFITS PROCEDURE



1

Obtain the patients required information listed or attach a copy of patient's demographics.



2

Call the insurance company to verify the patients benefits, confirm the patients responsibility for the test and for the subcutaneous immunotherapy serum, along with find out and restrictions (billable unit limits per day and annually)



3

Ask the representative the following:
*Does the patients have coverage for cpt code 95004?
*Are there any limitations on the code ie. Daily max and Annual max units billed per date of service? Fill in the schematic as appropriate.
* Repeat the above questioning for cpt code 95165 and fill out the schematic as appropriate.

VERIFICATION OF PATIENT RESPONSIBILITY

After receiving the benefits information then ask the representative for the out of pocket responsibility for both CPT codes 95004 and 95165. It is imperative that you ask about each code independently because depending on the payer one may go towards deductible and the other may not etc. Also these will not be billed on the same date of service and the representative will need to know that.

This information provided by the representative should include If the patient owes a copay, coinsurance, and /or deductible when looking at each individual code.



VERIFICATION OF BENEFITS FORM ALLERGY IMMUNOTHERAPY AND TESTING

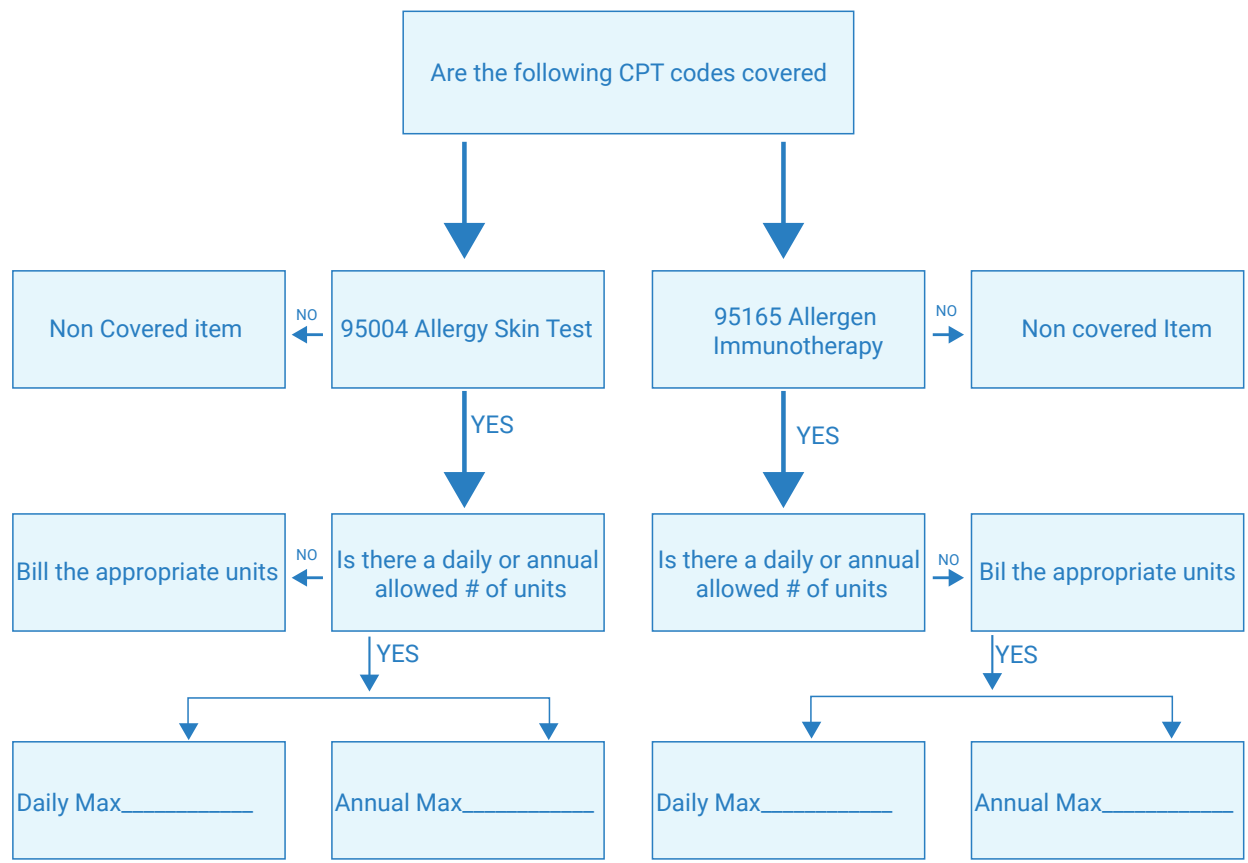
CPT CODE 95165 FOR IMMUNOTHERAPY 95004 ALLERGY TEST

Date: _____ Patient's name: _____ D.O.B _____

SSN: _____ ID#: _____ Group#: _____

Name of Ins. Co: _____ Ins, Co. phone#: _____

FOLLOW THE SCHEMATIC BELOW



In-Network benefits

95004 ALLERGY TEST

Patient Deductible _____

Deductible Met _____

Patient Responsibility % or \$ amount _____

95165 Serum Preparation

Patient Deductible _____

Deductible Met _____

Patient Responsibility % or \$ amount _____

Required Information

Person you spoke with: _____

Refrence/Confirmation/Authorization #: _____

Person Verifying Benefits: _____ Date: _____