COLLABORATIVE CARE MODEL (COCM)

Insurance Verification Script and Response Form for Patients

This form is intended to help guide you, as a prospective CoCM patient, in your conversation with Member Services of your health insurance provider regarding potential costs for CoCM services, which integrate mental health care into primary care. This form also provides space to document the information you obtain during the call for your records.

As a reminder, CoCM is a team-based approach to mental health care that takes place right in your primary care clinic, so you can get support for your mental health needs where you're already receiving care. Your care team includes your primary care provider, a behavioral health care manager, and a psychiatric consultant, all working together to address conditions like depression and anxiety. The team uses regular check-ins, evidence-based treatments, and a shared record-keeping system to make sure nothing falls through the cracks and that your care stays on track.

You may choose to begin by reviewing your benefits online; however, if you are unable to find all the necessary information, contacting your insurance company directly is recommended.

PLEASE NOTE

Information provided by the insurance company is not a guarantee of payment and remains subject to claim processing and the payer's terms and policies.

Key Information to Have Ready

Before contacting the insurance company · Service type: **Collaborative Care Services**

Insurance Company Name

Member Services Contact Number

Patient / Member Name

Policy Number

Plan Type and Number

Primary Care Provider's Name

Insurance Verification Script and Response Notes

SAY THIS — OPENING THE CALL

"Hi, my name is **[Your Name]**. I have a **[Insert Insurance Plan]** plan, and my policy number is **[Insert Policy Number]**. I'm calling to ask about my cost-sharing responsibility for CoCM services that will be provided through my doctor's office. To begin, may I please have your name, ID number, and a reference number for this call?"

Date of Call	Representative's Name and ID Number	Call Reference Number

SAY THIS — THE BILLING CODES

"The billing codes associated with my care are **99492**, **99493**, and **99494**. These are behavioral health integration (BHI) codes, which are time-bundled and billed once a month. These are not behavioral health codes; instead, they are medical codes and will be under my primary care provider. I have a few specific questions I would like to ask."

Questions to ask, and space for their answers

1 Is this service covered under my plan?

☐ Yes ☐ No

2 Are these services covered under a copay, coinsurance, deductible, or a combination of these?

Cost-Sharing Details

a If a copay applies

	99492	99493	99494
How much is my copay for the following codes?	$	$	$

b If coinsurance applies

What percentage of the allowed amount will I be responsible for? _____ %

	99492	99493	99494
How much will that be for the following codes?	$	$	$

c If a deductible applies

What is my total deductible?	How much of my deductible has already been met?	After my deductible is met, will I owe any copay or coinsurance? If yes, how much?
$	$	$

Additional Notes

Glossary

Terms you may hear during the call

Member Services: A department within an insurance company that assists patients, also referred to as members, with questions about their benefits, coverage, and claims.

Cost-sharing: The portion of your medical costs that you are responsible for paying. This can include copays, coinsurance, and amounts applied toward your deductible.

Copay: A fixed amount you pay for a service, usually at the time of the visit. For example, you might pay $20 for a doctor's visit.

Coinsurance: A percentage of the cost of a service that you are responsible for paying. For example, if your plan has 20% coinsurance and a visit costs $100, you would pay $20.

Deductible: The amount you must pay out of pocket for covered services before your insurance starts paying. For example, if your deductible is $500, you pay the first $500 of covered services each year, then insurance begins to share costs.