



Insurance Verification For Potentially Non-Covered Services

For (patient name): _____ **DOB:** _____

Insurance Company: _____ **Member ID:** _____

As per the Injection Procedures consent form, you signed that you, “understand my insurance coverage details, if I am choosing to bill part or whole of the visit and or procedures to my insurance plan, and agree to pay any and all balances for services not covered. I have been given the opportunity to find these answers prior to my appointment.” So the purpose of this form is to assist with finding that coverage information.

Insurance companies all make up their own rules, so it is impossible for our office to know which consider which recommended injection procedures as “medically necessary” and thus covered, which do not, and if they cap your coverage in any way (i.e. maybe only allow 3 visits per year). Only medically necessary care, as defined by your insurance company, is reimbursed by your health plan (though this may be subject to deductible or covered less than 100%).

Certain services however, are not considered medically necessary by your health plan. They may be beneficial to you and your health, but the terms of your plan disallow insurance coverage. These non-covered services are your financial responsibility, even if other aspects of your visit are billed to insurance.

Here are the codes to check, what questions to ask, and what answers to document:

Date of call: _____ Customer service agent name: _____ Reference # for the call : _____

Procedure recommended:	Procedure name:	CPT code:	Covered? Y/N	Amt or % covered:	Pre-authorization needed?	Other details? > visit max in all or per year? > unit max, in all, per visit or per year?
	Prolotherapy	M0076				
	Joint injections, sm: fingers, toes	20600				
	Joint injections, med: TM, AC, wrist, elbow, ankle	20605				
	Joint injections, lg: shoulder, hip, knee, subacr	20610				
	Injections, other	20553 (muscle) 20550 (lig,				

		tendon)				
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