



Questions to ask your Insurance Provider regarding Behavioral Health Benefits

Please note that we are “In-Network” with certain insurance companies. If the one that we are in network with is your Secondary insurance only and your Primary insurance is **NOT** listed, then your treatment will not be fully covered. In this case, please call your insurance carrier to ask these questions **BEFORE** you attend your first appointment:

- ✓ Is Dr. Jocelyn Bayliss a participating provider with my plan? (If needed, her National Provider Identification/NPI number is 1679860522)
- ✓ Is the insurance carrier the administrator of my mental health benefits? (This question is important because many insurance plans have separate contact info for Medical benefits vs Behavioral health benefits. If you reach a customer service representative at the Medical benefit phone line, you may receive incorrect information)
- ✓ Is a Pre-Authorization needed? What does that entail?
- ✓ Do I have a deductible to meet? How much is it? When does my deductible reset?
- ✓ What is my Co-Pay? Is it the Specialist or Primary Care Co-Pay designation? If I have a co-insurance (percentage), what is the allowed amount for the Service code this percentage will be based upon? (see the codes below)
- ✓ Is there a limit on how many visits will be covered per calendar year?

If the carrier asks to know the Procedure/Service codes that your provider might use, see below:

- Initial Visits: 99203, 99204, or 99205
- Return/Established Visits: 99213, 99214, or 99215
- Add-on Psychotherapy: 90833, 90836, 90838
- Psychotherapy Sessions: 90834, 90837

Thank you for choosing Ivy Collaborative Healthcare!