



Calm Gardens Therapy – Insurance Verification Worksheet for IOP Services

(For clients to use when calling their insurance company)

Important:

This form is for your personal use when speaking with your insurance company.

Calm Gardens Therapy cannot guarantee coverage or payment.

Please contact the Member Services number on your insurance card and write down the information below.

If you have two insurances, you MUST complete this form for both.

(Medicaid does not require benefit verification.)

Client Information

Client Name: _____

Insurance Company: _____

Member ID: _____

Representative's Name: _____

Date of Call: _____

Reference Number for Call: _____

Insurance: ☐ Primary ☐ Secondary

Step 1: Ask About Your Behavioral Health / Mental Health Coverage

1. Does my plan cover outpatient behavioral health services?

☐ Yes ☐ No

Notes: _____

2. Is Intensive Outpatient Programming (IOP) covered under my plan?

☐ Yes ☐ No

Notes: _____

Step 2: Ask About Required CPT Codes

(These are codes that may be used during treatment. Not all codes may be billed.)



Intensive Outpatient Program Codes

- **S9480** – IOP, per diem
- **H0015** – Alcohol and/or drug services; intensive outpatient
- **90853** – Group therapy
- **90834 / 90837** – Individual therapy
- **H0031** – Behavioral health assessment (if applicable)

Biofeedback Codes (if used in your treatment plan)

- **90901** – Biofeedback training
- **90875** – Biofeedback with psychotherapy (if applicable)

Questions to Ask Your Insurance Company

1. Coverage for IOP Services

- **Are S9480 or H0015 covered by my plan?**
☐ Yes ☐ No
Notes: _____
- **Are there limits on the number of IOP days or sessions?**
☐ Yes ☐ No
If yes, how many? _____
- **Is prior authorization required?**
☐ Yes ☐ No
Notes: _____

2. Coverage for Group Therapy (90853)

- **Is CPT code 90853 covered?**
☐ Yes ☐ No
Notes: _____



3. Coverage for Individual Therapy

(If you are already receiving these services at CGT, please continue to the next section)

- **Are 90834 and/or 90837 covered?**

☐ Yes ☐ No

Notes: _____

4. Coverage for Biofeedback (part of our IOP package)

- **Is CPT 90901 covered under my behavioral health benefits?**

☐ Yes ☐ No

Notes: _____

- **Is CPT 90875 (biofeedback + psychotherapy) covered?**

☐ Yes ☐ No

Notes: _____

Step 3: Ask About Your Financial Responsibility

1. Deductible

- **What is my annual deductible for behavioral health services?**

\$ _____

- **How much of my deductible has been met so far?**

\$ _____

2. Copay / Coinsurance

- **For S9480 or H0015 (IOP per diem):**

My copay/coinsurance is: _____

- **For 90853 (Group Therapy):**

My copay/coinsurance is: _____

- **For Individual Therapy (90834/90837):**

My copay/coinsurance is: _____

- **For Biofeedback (90901 or 90875):**

My copay/coinsurance is: _____



3. Out-of-Pocket Maximum

- What is my out-of-pocket maximum?
\$ _____
- How much has been met so far?
\$ _____

Step 4: Additional Questions

1. Is Calm Gardens Therapy considered in-network?

☐ Yes ☐ No

If no, ask:

- Do I have out-of-network benefits?
☐ Yes ☐ No
- What are my out-of-network rates?

2. Does my plan require concurrent review or ongoing authorization for IOP?

☐ Yes ☐ No

Notes: _____

Client Acknowledgment

I understand that the information provided by my insurance company does not guarantee payment and that I am responsible for all charges not covered by my insurance.

Client Signature: _____ Date: _____