

REQUEST FOR OUTPATIENT PHYSICIAN FEES – OUT-OF-NETWORK

My name is _____

My address is: _____

I am covered under the following health plan: _____

My health plan number is: _____.

My group number (if applicable) is: _____.

My beneficiary/member ID number is: _____.

I have a question about the maximum amount my plan will pay for the outpatient services listed in the first column of Table A below when provided by an out-of-network physician.

TABLE A					
OUT-OF-NETWORK FEES FOR TYPICAL OUTPATIENT PHYSICIAN SERVICES					
A	B	C	D	E	F
CPT® Code	Fee Schedule Amount	UCR Amount	UCR Percentage	Medicare Percentage	Other Method
99202	\$	\$	%	%	
99203	\$	\$	%	%	
99204	\$	\$	%	%	
99205	\$	\$	%	%	
99212	\$	\$	%	%	
99213	\$	\$	%	%	
99214	\$	\$	%	%	
99215	\$	\$	%	%	

If the plan pays based upon its own fee schedule, then for each CPT® code listed in Column A, please insert the dollar amount paid in Column B (“Fee Schedule Amount”).

If the plan pays based upon “usual, customary and reasonable rates” or UCR, please insert the UCR dollar amount in Column C (“UCR Amount”) for each CPT® code and, if the plan pays based upon a percentage of UCR, please insert in Column D (“UCR Percentage”) the percentage of the UCR amount paid for each CPT® code.

If the plan pays based upon Medicare Part B fees, please insert in Column E (“Medicare Percentage”) the percentage of Medicare Part B fees paid for each CPT® code.

If the plan uses another method for determining payments for the CPT® codes listed, please describe here or in an attachment the method used and insert in Column F the

dollar amount or percentage applicable to each CPT® code :

I also have a question about the maximum amount the plan pays for out-of-network care when the above CPT® codes are used in the treatment of mental illness or for treatment provided by an out-of-network psychiatrist. Are there any reductions in the amounts, fees or percentages included in Table A for each of the CPT® codes for out-of-network care when those CPT® codes are billed for the treatment of mental illness or when provided by an out-of-network psychiatrist? Yes or No

If the answer is Yes, please insert in Table B below in the appropriate column the maximum amounts, fees or percentages that apply when the CPT® codes listed in Column A are used for out-of-network services for the treatment of mental illness or are provided by an out-of-network psychiatrist.

TABLE B FEE REDUCTIONS FOR THE TREATMENT OF MENTAL ILLNESS					
A	B	C	D	E	F
CPT® Code	Fee Schedule Amount	UCR Amount	UCR Percentage	Medicare Percentage	Other Method
99202	\$	\$	%	%	
99203	\$	\$	%	%	
99204	\$	\$	%	%	
99205	\$	\$	%	%	
99212	\$	\$	%	%	
99213	\$	\$	%	%	
99214	\$	\$	%	%	
99215	\$	\$	%	%	

Finally, I have a question about the maximum amount the plan pays for certain outpatient psychiatric services when provided by an out-of-network psychiatrist. Please complete Table C below (the information requested in each Column in Table C below is the same as requested for Columns B-F in Table A above) for the following CPT® psychiatric treatment codes when provided by an out-of-network psychiatrist in an office or outpatient setting:

TABLE C FEES FOR CERTAIN PSYCHIATRIC SERVICES					
A	B	C	D	E	F
CPT®	Fee Schedule Amount	UCR Amount	UCR Percentage	Medicare Percentage	Other Method
90792	\$	\$	%	%	
90833	\$	\$	%	%	
90836	\$	\$	%	%	
90838	\$	\$	%	%	

My request for this information is based upon:

Employee Retirement Income Security Act (ERISA) sections 102, 104, 502, 503, and 712, as well as Public Health Service Act sections 2715 and 2719, as incorporated in ERISA section 715 and implementing regulations at 29 CFR 2520.120-2, 2520.102-3, 2520.102-4, 2520.104b-1, 2520.104b-2, 2520.104b-3, 29 CFR 2560.503-1, 2590.712 (for mental health and substance use disorder benefits) 2590.715-2715 and 2590.715-2719. See also 78 FR 68240, 68247 (Nov. 13, 2013); Advisory Opinion 96-14A; Affordable Care Implementation FAQs, Part V, Q&A-10; Affordable Care Act Implementation FAQs, Part XVII, Q&A-8; Affordable Care Act Implementation FAQs, Part XXIX, Q12 & Q13; & Affordable Care Implementation FAQs, Part 31, Q&A-9, available at <https://www.dol.gov/ebsa/mentalhealthparity/> or <https://www.cms.gov/ccio/resources/Fact-Sheets-and-FAQs/index.html>

I understand that you cannot refuse to provide the information requested by claiming that it is proprietary. If you refuse to complete the form and provide the information requested, please check the box below and indicate the reasons for your refusal below or in an attachment.

I expect to receive this information no later than 30 days from your receipt of my request. Please send the completed form and any attachments to my address listed above.

Thank you for your assistance in this matter.

Signature

Date: _____

The Health Plan refuses to provide the information requested for the following reasons:

