



PRIVATE INSURANCE GUIDE

CarePoint Anesthesia Group is a fee-for-service practice and currently out-of-network with all private insurance companies. CarePoint does not manage insurance claims. However, you are welcome to submit your own independent reimbursement claim. If you choose to pursue a claim, simply call your insurance company to determine if your plan has out-of-network benefits for office-based anesthesia (OBA). The anesthesia services could be covered under either medical or dental insurance, so we recommend you calling both to find out your coverage benefits.

RECOMMENDED QUESTIONS TO ASK YOUR INSURANCE COMPANY:

1. Does your plan have an *out-of-network* benefits for the procedure codes listed below?
 - a. Medical CPT Code “00170” – Anesthesia Procedure in mouth
 - b. Dental CDT Code “D9222” – General Anesthesia, first 15 minutes
 - c. Dental CDT Code “D9223” – General Anesthesia, each 15 minutes increments

2. If there is coverage:
 - a. Is a prior authorization required? Does it need to be submitted and approved prior to the appointment? *Remember, a prior authorization does not a guarantee payment.*
 - b. What forms, information, and documentation are required for a prior authorization or claim?
 - c. What conditions of medical necessity are required for coverage (cognitive/emotional condition, treatment result of accident)?
 - d. Note: You are responsible for following up with your insurance company on the status of your Prior Authorization.

If you have coverage, please complete and return the Insurance Information form on page 2 and we will provide you with a completed ADA dental claim form or a medical claim Form 1500, along with a copy of the anesthesia record. We recommend that you contact the dental office for a copy of the treatment plan and medical necessity letter. **Mail your claim directly to your insurance claims department** and enclose the copy of the anesthesia record and any supporting documents received from your dental office. FYI, **CarePoint Anesthesia will not manage your insurance claim.** You would need to contact your insurance company for any inquiries on the status of your claim. Please contact our office at 720-606-4220 or email us at info@carepointanesthesia.com, should you have any questions.



Pre-Authorization Insurance Information Form

Scheduled Appointment Date: _____

PATIENT INFORMATION:

NAME: _____ DOB: _____ GENDER: M F

RESPONSIBLE PARTY: _____ RELATIONSHIP: _____

TEL/CELL: _____ EMAIL: _____

MAILING ADDRESS: _____

PRIMARY INSURANCE: DENTAL MEDICAL COLORADO MEDICAID

SUBSCRIBER NAME: _____ DOB: _____

MEMBER ID# or SSN: _____ GROUP #: _____

INSURANCE NAME: _____ FAX: _____

INSURANCE CLAIMS ADDRESS: _____

SECONDARY INSURANCE: DENTAL MEDICAL COLORADO MEDICAID

SUBSCRIBER NAME: _____ DOB: _____

MEMBER ID# or SSN: _____ GROUP #: _____

INSURANCE NAME: _____ FAX: _____

INSURANCE CLAIMS ADDRESS: _____

I, the undersigned, do hereby authorize the release of any medical or other information necessary to process this reimbursement claim.

POLICY HOLDER SIGNATURE: _____ Date: _____

Notes: _____
