Insurance Reimbursement Suggestions and Questions

I encourage you to reach out to your insurance company with these questions if you are considering submitting claims for out-of-network reimbursement. Every medical insurance plan and company is different, so I encourage you to contact yours directly prior to starting therapy to learn more about the specific reimbursement procedures for your plan.

Please keep in mind that these are just suggestions and I cannot make any guarantee that your insurance plan will cover or reimburse you for any expenses related to the services I have provided. If you are having difficulties, please contact member services at your health insurance company.

Reimbursement rates can vary from 0% to up to 100%, depending on your insurance company and your benefits. Asking a lot of questions and getting clarity on the front end can make the process run smoother in the future.

General Tips:

- Always record the number you called, the name(s) of the person/people you spoke to, the date, start time, and end time of the call, and *relevant notes of the call, including reference numbers and case numbers*.
- If there is something you don't understand ask the member services representative to clarify it for you.

Out-of-Network Questions:

1. Call the member services or customer service number located on the back of your insurance member card. If you have an option of "behavioral health" or "mental health" number, call that one first.
2. Select the option about benefits and/or eligibility and do your best to get a live person. Automated systems might give you SOME of this information, but not all.
3. When speaking to a live person, state that you are "looking to see an out-of- network provider" for "outpatient office psychotherapy" and want to know your "out-of-network benefits for psychotherapeutic services". You are not looking for inpatient services or medical services.
4. They will then tell you what the benefits are. Write those down. If you do not have any out-of-network benefits, you will generally not be able to be reimbursed for the services.
5. Ask if the following codes are covered:
    1. 90834 Individual psychotherapy 38-52 minutes.
    2. 90837 Individual psychotherapy 53-60 minutes.
6. Ask them if the mental health provider is required to disclose a diagnosis to the insurance company in order for the insurance plan to consider the service covered and provide you with reimbursement for the service.

7. Ask if they have any restrictions on tele-mental health.
8. Ask them if a Licensed Professional Counselor is a covered provider.
9. Ask them what rate you are reimbursed at and if there is a deductible. Write this information down. If applicable, ask them how much of your deductible has been met to date and what date does the deductible start/end (usually Jan 1 to Dec 31).

10. Ask them if there is a out-of-pocket max limit. If there is, ask if they cover 100% after you reach the out-of-pocket max and what the reimbursable amount of each session will be (this varies based on CPT codes referenced above (Out of Pocket max limit is usually a pretty high number).
11. Ask them if there is any prior authorization, pre-certification, or approvals needed. Ask them who needs to make these (doctor, the therapist, psychiatrist?)
12. Ask them if there is a visit limit per plan year (there shouldn't be). Ask them if there is a point at which ongoing sessions will require an authorization (i.e. 24 sessions covered automatically, but authorization must be obtained beyond that or services will not be covered?).
13. Ask them how you go about getting reimbursed. Do you need to fill out a form (paper form or able to be submitted online)? Submit a letter with receipt? What kind of documentation do you need to send to them and where do you send it?
14. Ask them how many days after the date of service do you have to submit your claim for reimbursement (some plans will no longer accept claims, even if it was considered a coverable expense, after a certain time period. This time period varies from one plan to another).
15. Tell them you will be paying the provider up front and then requesting reimbursement from the insurance. Ask them how you make certain that the provider does not get paid. This is a common mistake that insurance companies make: paying me, and not you. You have already paid me; they now need to be reimbursing you.