

QUESTIONS FOR OUT-OF-NETWORK REIMBURSEMENT

1. DO I HAVE OUT-OF-NETWORK MENTAL HEALTH COVERAGE?

When you ask this question, the representative may ask you for the “CPT code” or “service code”. Here are the codes for the services I provide:

Individual Therapy Session (just you coming for therapy) – 90834

If NO – Your coverage will not reimburse you for any part of our visits.

If YES – Great. Here are the other questions you want to ask:

2. CAN I BE REIMBURSED FOR MY THERAPIST’S LICENSE OR REGISTRATION TYPE?

Some insurance plans will not reimburse for services rendered by specific professionals.

Sara Todd is a Licensed Clinical Social Worker

3. DO I HAVE AN OUT-OF-NETWORK DEDUCTIBLE? DO I NEED TO MEET MY DEDUCTIBLE BEFORE INSURANCE REIMBURSES FOR THERAPY?

A deductible is an amount of money that you *may be* required to pay before insurance will pay for anything.

4. WHAT IS MY CO-INSURANCE?

A co-insurance is the percentage of the fee that you will be responsible for. For example, your insurance may reimburse you for 80% of the session fee and you will still be responsible for 20% of the fee (your co-insurance). If your insurance company tells you that they will reimburse you for a certain percentage of the **Usual and Customary Rate**, that amount may differ from my fee, so you should ask how much it is in order to anticipate how much you will be reimbursed by your insurance company.

5. IS THERE A LIMIT TO HOW MANY MENTAL HEALTH VISITS I MAY RECEIVE PER CALENDAR YEAR?

If yes, ask how many visits you have per year.

6. DO I NEED AN AUTHORIZATION FOR MY VISITS?

If yes, ask for an authorization number and number of sessions authorized.

7. CAN YOU TELL ME THE PROCEDURE AND ADDRESS TO SUBMIT A SUPERBILL AND RECEIVE OUT-OF-NETWORK REIMBURSEMENT?