

CHECKING YOUR MENTAL HEALTH INSURANCE COVERAGE TO SEE AN OUT-OF-NETWORK PSYCHOTHERAPIST

BEFORE CALLING YOUR INSURANCE COMPANY
Information to have "on-hand" (some is on your insurance card)

INSURANCE ID #	GROUP # (IF APPLICABLE)
NAME OF PRIMARY SUBSCRIBER ON THE INSURANCE / /	YOUR RELATIONSHIP TO PRIMARY SUBSCRIBER / /
PRIMARY SUBSCRIBER'S BIRTHDATE (MO/DY/YEAR)	YOUR BIRTHDATE (MO/DY/YEAR) () -
NAME OF PRIMARY SUBSCRIBER'S EMPLOYER	INSURANCE PLAN PHONE NUMBER <i>(Your insurance card may say "Member Services," "MH/SA Benefits," "Behavioral Health", "Mental Health Coverage," "Eligibility and Benefits," or simply "Customer Service")</i>

THE CALL
What to ask your insurance company

DATE YOU CALLED / /	NAME OF REPRESENTATIVE TO WHOM YOU SPOKE
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<p>I am calling to determine if my plan covers outpatient out-of-network psychotherapists for mental health benefits via telehealth?</p> <p>If so, what is the coverage?</p> <p>What is my co-insurance / co-pay / co-share? (this is the % of the fee you will have to pay for the services that the insurance company will not reimburse you for)</p>	
<p>Is the coverage temporary? If so, until when?</p>	
<p>What is my Out-of-Network deductible? (The deductible is the amount you must pay yourself before the plan begins paying at all - You may have a separate deductible for in-network providers and one for out-of-network providers.)</p>	
<p>How much of my out-of-network deductible has been met this year?</p>	
<p>My therapist charges \$ <u>150</u> per session(CPT code:90834) . Is this within the Allowed Amount [or UCR (Usual, Customary, and Reasonable Fee)] for an Out-of-Network Provider under the plan?</p> <p>If not, what is the Allowed Amount? (Some plans may cap the amount they allow, and reimburse based on this, but may not disclose the Allowed Amount)</p>	
<p>Is my therapist's registration or license (MFTA, marriage and family associate) covered?</p>	
<p>Are there any limits to the number of sessions per year?</p> <p>If so, what are the limits?</p>	
<p>When do benefits start and renew (you want to know when your deductible renews)?</p> <p>Is my coverage active?</p>	<p>Effective Date: ___ / ___ / _____</p> <p>Renewal Date: ___ / ___ / _____</p> <p><input type="checkbox"/> YES <input type="checkbox"/> No</p>
<p>How do I submit invoices (superbills) to the plan for reimbursement?</p> <p>Do I need to get a form to attach them to?</p> <p>What is the address where I would send mental health claims?</p>	
<p>What is the Out-of-pocket Maximum? (The amount you must pay each year before the plan starts paying 100% for health expenses)</p>	
<p>Is CPT code 90847 (couple / family therapy) covered in case I might need this?</p> <p>Is CPT code 90791 (initial 90-minute evaluation session) covered in case I might need this?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> No</p>
<p>Can you give me a Call Reference Number for this call?</p>	<p>#:</p>

