



Talking to your insurance company can be a little intimidating or confusing, but it doesn't have to be! Below are two options that can help you with verifying your out of network benefits if you'd like to seek partial or full reimbursement from your insurance provider for counseling services. Please note, some providers will reimburse all or part of your costs for counseling, but these options are only a guide, and do not guarantee that your insurance provider will offer reimbursement.

Option 1 – Call Your Insurance Provider

This may be the simplest and most direct method of verifying your out of network benefits. To verify your out of network coverage via phone, locate and dial the customer service number on the back of your insurance card. Then select the option for *Behavioral Health* or *Mental Health Benefits*. If given the option, you may wish to speak to customer service representative. Here is a sample script that can help verify your benefits:

“Hi. I’d like to verify my out of network benefits for behavioral health counseling. The counseling will be provided on an outpatient basis in the provider’s office. May I offer you some procedure codes for verification of out of network coverage and the reimbursement percentages for each code?”

(Offer the following CPT codes)

90791, 90837, 90834 (and add 90847 & 90846 if seeking family counseling).

Lastly, I have just a couple of additional questions about my out of network benefits for these services.

(Ask the following questions)

- 1. How do I submit my superbill for consideration for reimbursement?*
- 2. Do I have a deductible or maximum out of pocket to meet before receiving any reimbursement?*
- 3. Are there any limitations, such as number of sessions?*
- 4. Is there a dollar limit on how much my plan covers for out of network coverage?*
- 5. Ask any additional questions you may have.*

Thank you. That answers all of my questions today.”



Option 2 – Online or Written Verification

Many insurance providers will offer an explanation of out of network benefits on their customer portal online, or in their benefits booklet. If you have access to a detailed explanation of your benefits, often times you can use this to look up your potential out of network costs. Here are some items to look for:

Service: *Behavioral Health or Mental Health Benefits*

Most Commonly Used Procedure (CPT) Codes:

Code	Description	Reimbursement %
90791	Initial Psychiatric Diagnostic Assessment (Typically the first session only)	
90837	Individual Therapy (53+ minutes) - Most often for weekly therapy	
90834	Individual Therapy (52 minutes or less) – Used less frequently	
90847	Family Therapy with Client Present – Only if family therapy is indicated	
90846	Family Therapy without Client Present – Only if family therapy is indicated	

Other helpful questions to ask:

1. How do I submit my superbill for consideration for reimbursement?
2. Do I have a deductible or maximum out of pocket to meet before receiving any reimbursement?
3. Are there any limitations, such as number of sessions?
4. Is there a dollar limit on how much my plan covers for out of network coverage?