How to Check Your Out-of-Network Benefits

Call the member services or behavioral health number on the back of your insurance card and ask the following questions to find out if out-of-network mental health care is covered and how much you will get back.

- **If you prefer to check online first:** You can often find these answers in your plan's online portal or official benefit booklet under “Summary of Benefits”.
- **If you call, get a reference number:** Write down the date, time, name of the customer service representative, and a call reference or tracking number for the conversation.
- **Details about my practice that you may need:**
    - Meredith Reames, LCSW at Forest Path Counseling PLLC
        - NPI Type 1: 1174470066
    - My Standard Fee Schedule for Specific CPT Codes:
        - $195 for an initial intake/evaluation (CPT code 90791)
        - $135 for a 45-minute individual therapy session (CPT code 90834)
        - $150 for a 60-minute individual therapy session (CPT code 90837)

1. General Coverage & Plan Type

- Do I have out-of-network benefits for outpatient mental health services? *(PPO and some POS plans usually have them, while HMO and EPO plans typically do not.)*
- Do I need a referral from a primary care physician or an in-network provider to see someone out-of-network?
- Is pre-authorization or prior approval required for out-of-network mental health care?
- Is there a yearly limit on the number of sessions covered?

2. Deductibles & Out-of-Pocket Limits

- What is my out-of-network deductible for outpatient mental health visits? *(Your deductible is the amount you must pay out-of-pocket before insurance starts paying.)*
- How much of my out-of-network deductible have I already met this calendar year?
- What is my out-of-network maximum out-of-pocket limit?

3. Reimbursement Rates & "Allowed Amounts"

- What is the “allowed amount” or “usual and customary fee” for the following CPT codes?
    - 90791 for an initial intake/evaluation
    - 90834 for a 45-minute individual therapy session
    - 90837 for a 60-minute individual therapy session

    For quick reference, here are my fees per session for the CPT codes above:

    - $195 for an initial intake/evaluation (CPT code 90791)
    - $135 for a 45-minute individual therapy session (CPT code 90834)
    - $150 for a 60-minute individual therapy session (CPT code 90837)

- What percentage of the “allowed amount” does my plan reimburse after my deductible is met? *(This is your coinsurance rate, e.g., 50% or 70%.)*

- How is the reimbursement calculated? *(Clarify whether they pay a percentage of the actual billed fee or a percentage of the lower, insurer-determined “allowed amount”.)*

4. Filing Claims & Paperwork

- How do I submit an out-of-network claim? *(Ask if you mail a form, upload it through an online portal, or use an app.)*

- What forms or documents do I need? *(Confirm if they accept a standard “superbill”, which is an itemized receipt with diagnostic and service codes that I can provide you.)*

- What is the filing deadline for submitting out-of-network claims after a session?

- How long does reimbursement usually take once a claim is submitted?