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Intensive Reimbursement Tips and Questions

These are some tips on how to get reimbursed for my services, but please keep in mind that these are just tips and every insurance company is different. If you are having difficulties, please contact member services at your health insurance company.

General Tips:

- Have a pen and paper handy. Always write down 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.
- Be patient. The system can be overly complicated and the customer service representatives are doing their best. If there is something you don't understand, ask them to clarify it for you.
- Get a name and reference number for the call.

Out of Network questions:

- Call the member services or customer service number located on the back of your member card.
- Select the option about benefits and/or eligibility and do your best to get a live person.
- When speaking to a live person, state that you are "looking to see an out-of-network provider" for "outpatient psychotherapy" and want to know your "out-of-network benefits for psychotherapeutic services". You are not looking for inpatient services or medical services.
- 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.

Ask the following Questions:

- Are the following codes covered:
  - 90791: Psychiatric Diagnostic Evaluation
  - 90834: Individual psychotherapy 45-53 minutes
  - 90837: Individual psychotherapy 53+ minutes
  - G2212: individual psychotherapy 15 minutes

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Intensive Reimbursement Tips and Questions Continued

- Is a diagnosis required for reimbursement?
- Can you offer 90-minute sessions and bill two units of 90834?
- Can you use 90834 and G2212? If so, how many units of 90834 and G2212 are allowed?
- Can you use 90837 plus G2212? If so, how many units of 90837 and G2212 are allowed?
- Do they cover psychotherapy via telehealth?
    - If you live in California, ask if a Licensed Professional Clinical Counselor or Licensed Marriage and Family Therapist is a covered provider. If you live in Georgia, ask if a Licensed Professional Counselor is a covered provider.
- How much will you be reimbursed? Is there a deductible? Write this information down. If applicable, ask them how much of your deductible has been met to date. Also, ask for the start and end date for your deductible (usually Jan 1 to Dec 31).
- Is there a maximum out-of-pocket limit and if so, once you reach that, what is the reimbursable amount? Will they cover 100% of services after you reach that?
- Is any prior authorization, pre-certification, or approval needed? Who needs to do this: doctor, therapist, psychiatrist?
- Is there a visit limit?
- How will you get reimbursed?
- Within how many days after the date of service do you need to submit the superbill?
- Tell them you will be paying the provider up front and ask them how you make sure that the provider does not get paid. (This is a common mistake that insurance companies make- paying me, and not you.)

Some additional tips:

- Some insurance companies will try to encourage you to use an in-network provider before giving you information. As you know, you are welcome to find an in-network provider, and they should be able to provide you with a list of current in-network providers.
- However, it is your right to use your OON benefits. You generally should not have to provide details about why you want to use your OON benefits. Insurance companies must provide you with the details of your benefits, including answering the specific questions on this form.
- If you feel the representative does not know how to help you, or is withholding benefit information, you can ask to speak to another representative.
- Please note, I do not offer Single Case Agreements. I should not have to provide anything to the insurance company for your claims to be accepted.