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Insurance Reimbursement Tips and Questions to Ask Your Insurance Provider

These are some tips on how to get reimbursed for our 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 you 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 to your insurance company associate:

- Are the following codes are covered:
    - 90791 - Therapy Intake Session
    - 90834 Individual psychotherapy 45-53 minutes.
    - 90837: Individual psychotherapy 53-60 minutes

- Is a diagnosis required for reimbursement?
- Do they cover psychotherapy via telehealth?
- 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 and what date does the deductible start/end (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 and will they cover 100% after you reach that?

- Is any prior authorization, pre-certification, or approvals needed? Who needs to make these (doctor, the therapist, psychiatrist?)
- Is there a visit limit?
- How you get reimbursed. Do I need any special forms? Do I submit by paper, online?
- Within how many days after the date of service do you need to submit.
- 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 us, 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, we do not offer Single Case Agreements. We should not have to provide anything to the insurance company for your claims to be accepted.
- Recently, some insurance companies are no longer covering Telehealth for OON benefits, or they want providers to use a certain Telehealth platform that requires contracting, which we are unable to do.

Instructions for using your superbill to get reimbursed

While you can likely submit your superbill directly to your insurance company, Reimbursify and Thesuperbill are applications that can help streamline this process for you as well.

You will receive a document referred to as a "superbill" which can be used to file a claim with your insurance company. Note: You must have "out of network" benefits on your policy in order to receive reimbursement.

You can also submit this document to a Health Savings Account or Flexible Spending Account for reimbursement as evidence of payment.

Directions:

1) Log into your account at the insurance carrier's portal.
2) There should be an option that says something like "submit out of network claim for reimbursement."
3) Follow their directions
4) Attach the superbill before hitting submit
5) **VERY IMPORTANT: if it asks you "do you want to assign your benefits," the answer is NO. Do not click any box that says "I assign benefits to my provider."**

It usually takes up to 6 weeks to receive reimbursement. Sometimes insurance companies are faster, sometimes they aren't. If you don't receive anything after that time, contact your insurance carrier.

Note: many out of network plans have a deductible to meet before you will receive any money back. If you receive a notice without a check, look in the "deductible" box to see if that's why you did not get paid.