



## Out-of-Network Reimbursement Checklist

Many insurance companies allow for out-of-network reimbursement for a portion of the fees paid for outpatient mental health. Please contact member services for your insurance carrier to help verify the benefits available. This can help to estimate how much you should be reimbursed. Additionally, any amount spent towards out-of-network services may also apply towards your annual deductible.

If out-of-network benefits are available, you should ask the following questions:

1. How do I submit claims?

- Online: \_\_\_\_\_
- Fax: \_\_\_\_\_
- Mail: \_\_\_\_\_

2. Do I have a deductible?  Yes  No

3. How much is the deductible? \_\_\_\_\_

4. What is the maximum number of visits per year? \_\_\_\_\_

5. What percent of reimbursement is covered under my plan? \_\_\_\_\_

6. What is the out-of-network reimbursement rate for the following procedure codes:

90791 (*Diagnostic Evaluation without Medical Services*): \_\_\_\_\_

90834 (*Individual 45 minute psychotherapy*): \_\_\_\_\_

90837 (*Individual 60 minute psychotherapy*): \_\_\_\_\_

90846 (*Family Therapy, without patient present*): \_\_\_\_\_

90847 (*Family Therapy*): \_\_\_\_\_

7. Is authorization required?  Yes  No

8. If yes, how do I obtain authorization? \_\_\_\_\_

\_\_\_\_\_

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Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Number of Visits: \_\_\_\_\_

Procedure Code(s) approved: \_\_\_\_\_