

How to check your out-of-network coverage and possible out-of-network benefits:

- Plan for 15-30 minutes of your time available to call your insurance company
- Make sure to have this information ready before your call:
 - Insurance card
 - Name, date of birth, address, phone number, or social security number of the cardholder or person receiving the services
 - Pen and paper/notepad
- Questions to ask:
 - Are there out-of-network benefits for this policy?
 - Do I have **a mental or behavioral health policy with out-of-network benefits?**
 - What are the requirements to use out-of-network benefits?
 - Is prior authorization required?
 - Is a referral required from my primary care physician?
 - Do I have an out-of-network deductible?
 - If yes:
 - What is my out-of-network deductible?
 - How much of my out-of-network deductible has been met?
 - What is the start date of the calendar year my out-of-network policy is based on?
 - In addition, ask the representative if your policy covers these services (use the CPT codes provided below). How much is the insurance company's "usual and customary fee" and what percentage do they cover?
- Other questions to ask:
 - Is there a session limit?
 - If yes:
 - What is the session limit?
 - How many sessions do I have left?
 - What percentage of services is covered/what is my co-insurance?
- At the end of the call make sure to have:
 - Date/time you called
 - Representative's name
 - Reference number for the call

Service	CPT Code	Usual and Customary Fee	Percent Covered (After the deductible has been met)
Diagnostic Interview: 75-90 minutes	90791		
Individual Therapy: 31-50 minutes	90834		
Brief Individual Therapy: 15-30 minutes	90832		
Group Psychotherapy	90853		
Psychological Testing, including scoring, interpretation, and report writing (not all of these codes will be used, but please ask about EACH code)	96110 96112 96113 96116 96121 96140 96131 96132 96133 96134 96135 96136 96137 96138 96139 96146		