

Checking Out-Of-Network Insurance Benefits

This page will guide you through checking your mental/behavioral health benefits to ensure that our time together is covered by your insurance plan.

Call the member services number on the back of your card and ask:

1. Does my plan cover out-of-network outpatient mental/behavioral therapy?
 - a. Give them codes: 90834, 90837 and 90875
 - i. If yes, how many how many sessions are allowed?
 - b. Does my plan only cover visits that are “medically necessary”? Or, do they also cover preventive services? (code: Z13.30)
2. Do I have a deductible to meet first?
 - a. If yes, how much is the deductible?
 - b. How much of the deductible have I met?
 - c. If you have a deductible, talk with your therapist about a fee that will be manageable to pay out of pocket until you meet your deductible.
 - d. Or ask your managed care plan to assist in finding an in-network provider.
3. Do I have a copay?
 - a. If yes, how much is the copay?
4. Do I need a physician referral?
5. Record the representative’s name and a reference # when checking your benefits. This information will be necessary if you ever need to dispute a rejected claim