

COUPLES THERAPY & INSURANCE

This resource will help you navigate Out of Network benefits related to the services I provide.

You will find a comprehensive list of questions to ask and the provider information needed to verify your benefits.

For couples with out of network benefits, there are 2 options when desiring insurance reimbursement - both of which have implications regarding who the clinical record belongs to:

1. We can determine that both partners are my client - both would have access to records. Insurance companies are less likely to reimburse for services related to a Relational diagnosis.
2. We can determine that one of the partners is the client and the other is a "collaborative non-client" who is present during session for the purpose of collaborating in the treatment of the other individual. Access to records would only go to the partner who is identified as the client. Insurance companies are more likely to reimburse for services related to an Individual diagnosis.

Both options will generate superbills with the CPT code 90847 and will require out of pocket payment at the time of session - a superbill is generated by my payment app as soon as you are charged. Please indicate in the Informed Consent form which option you would like to pursue.

CHECKING YOUR COVERAGE TO SEE AN OUT-OF-NETWORK THERAPIST



BEFORE CALLING INSURANCE: INFO TO GET (SOME IS ON YOUR INSURANCE CARD)

1. Insurance I.D. #: _____ Group #: _____
 2. Primary Subscriber on the Insurance: _____
 3. Your Relationship to Primary Subscriber: _____
 4. Primary Subscriber's Birthdate: ____ / ____ / ____ Your Birthdate: ____ / ____ / ____
 5. Subscriber's Employer _____
 6. Insurance Plan Phone Number (The card may say "Member Services," "MH/SA Benefits," "Behavioral Health", "Mental Health Coverage," "Eligibility and Benefits," or simply "Customer Service"):
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THE CALL: WHAT TO ASK THE INSURANCE COMPANY

NOTE YOUR CALL DATE: ____ / ____ / ____ REPRESENTATIVE NAME _____

<p>1. I am seeking outpatient mental health benefits in a professional office setting (or via telehealth). Does my plan cover OUT-OF-NETWORK providers for mental health service? If so, what is the coverage?</p> <p>What is my coinsurance? This is the percentage of the fee you will end up paying for the services. Please note that out of pocket payment for services are required at the time of service.</p>	
<p>2. For telehealth: Is this covered with an out of network therapist? Are phone sessions covered, also, in case I need that?</p>	
<p>3. What is my Out-of-Network deductible? (The deductible is the amount you must pay before the plan begins paying at all). You may have a separate deductible for in-network providers and one for out-of-network providers.</p>	
<p>4. How much of the out-of-network deductible has been met so far this year?</p>	
<p>5. My therapist charges \$180 (individuals) / \$425 (couples) per session. Is this within the Allowed Amount or UCR (Usual, Customary, and Reasonable Fee) for an Out-of-Network Provider? If not, what is the Allowed Amount? (Some plans may cap the amount they allow, and reimburse based on this. Note: They may not disclose this Allowed Amount).</p>	
<p>6. Is my therapist's license covered by your plan? Leslie Jensen, Licensed Marriage & Family Therapist License #: LF61342187 EIN/Tax ID: 85-1711492 NPI: 1154895688</p>	
<p>7. Are there any limits to the number of sessions per year?</p>	
<p>8. When do benefits start and renew (you want to know when your deductible renews)? Is my coverage active?</p>	<p align="right">Effective: ____ / ____ / ____ Renews: ____ / ____ / ____</p>
<p>9. How do I submit invoices to the plan for reimbursement? Do I need to get a form to attach them to? What is the address where I would send MENTAL HEALTH claims?</p>	
<p>10. What is the Out-of-pocket Maximum? (The amount you must pay each year before the plan starts paying 100% for health expenses)</p>	
<p>11. Is CPT code 90847 (couples / family therapy) covered in case I might need this?</p>	<p align="right">Yes _____ No _____</p>
<p>12. Is CPT code 90834 covered? Does my plan reimburse for two units of 90834 in the same day?</p>	
<p>13. Can you give me a Call Reference Number for this call?</p>	