

Can I use insurance to pay for therapy?

If you would like to use your insurance to pay for part of your therapy sessions, please contact your insurance provider before your first session. The phone number should be on the back of your card under “behavioral health” or “mental health.” If neither of these categories is listed, call the number for member customer service and ask to speak to someone about your *Outpatient Mental Health Benefits*. Feel free to ask the following questions:

1. DO I HAVE OUT-OF-NETWORK MENTAL HEALTH COVERAGE?

When you ask this question, the representative may ask you for the “CPT code” or “service code”. Here are the codes for the services I provide:

Initial Evaluation (your first appointment) - 90791

Individual Therapy Session (just you coming for therapy) – 90834

If NO – Your coverage will not reimburse you for any part of our visits. You are still welcome to meet with me, but it will be considered private pay.

If YES – Here are the other questions you want to ask:

2. CAN I BE REIMBURSED FOR MY THERAPIST’S LICENSE OR REGISTRATION TYPE? You can let them know I am a Licensed Clinical Social Worker.

3. DO I HAVE A DEDUCTIBLE?

A deductible is an amount of money that you are required to pay before insurance will pay for anything. **If yes, you will want to ask: **how much is it** and **how much is left?**

4. WHAT IS MY CO-INSURANCE?

A co-insurance is the percentage of the fee that you will be responsible for. For example, your insurance may reimburse you for 80% of your fee, and you will still be responsible for 20% of your fee. If your insurance company tells you that they will reimburse you for a certain percentage of the **Usual and Customary Rate**, that amount may differ from our fee, so you should ask how much it is in order to anticipate how much you will be reimbursed by your insurance company.

When you ask how much the Usual and Customary Rate is, your insurance company may ask you for the zip code of the therapy practice. The zip code is 91030.

5. IS THERE A LIMIT TO HOW MANY MENTAL HEALTH VISITS I MAY RECEIVE PER CALENDAR YEAR?

If yes, ask how many visits you have per year.

6. DO I NEED AN AUTHORIZATION FOR MY VISITS?

If yes, ask for an authorization number and number of sessions authorized.

7. CAN YOU TELL ME THE PROCEDURE AND ADDRESS TO SUBMIT A SUPERBILL AND RECEIVE OUT-OF-NETWORK REIMBURSEMENT? Please note that I cannot submit the superbill to your insurance company personally. Instead, I will be sending you the superbill statement monthly for you to provide to your insurance company.

***I hope this helps!