

Insurance Reimbursement Script

1. Do I have out of network benefits for outpatient mental health services?
 - a. If the answer is NO, you likely do not have coverage and will need to pay the self-pay rate for sessions without insurance reimbursement.
 - b. If the answer is YES, continue asking the following questions:
2. What is my out of network deductible?
 - a. The deductible is the amount you must pay out of pocket before the insurance starts reimbursing.
3. How much of my deductible has been met this calendar year?
4. Once my deductible is met, what percentage of the session fee will be reimbursed (this is called co-insurance)?
 - a. Reimbursement rates often range from 50% to 80%
5. Is the reimbursement based on the full amount I pay the provider, or on a “usual or customary” or “maximum allowable” amount set by the insurance company?
6. Are there any limitations on the number of sessions covered per year?
7. Do I need a referral from a primary care physician or any prior authorization?
8. How do I submit a superbill for reimbursement?
9. Are the following CPT codes covered?
 - a. CPT Code used for first session
90791: Psychiatric diagnostic evaluation
 - b. CPT Codes used for second Session and thereafter
90837: 60 minute psychotherapy
90834: 45 minute psychotherapy
90832: 30 minute psychotherapy

Information the insurance company might request to give you reimbursement information:

Group Name: New York Medical Behavioral Health Services, P.C.

NPI: 1235600834

TIN: 832675429

Address: 12020 Sunrise Valley Drive, Suite 100, Reston, VA 20191

Provider Name: Andrea Perez

License Type: Licensed Clinical Social Worker

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Insurance Reimbursement Disclaimer

The insurance reimbursement script provided is intended solely for general guidance and informational purposes. Please note that insurance plans, policies, and coverage vary significantly between companies and individual plans. It is the client's responsibility to contact their insurance provider directly to verify benefits, coverage, and reimbursement eligibility, and to ask any additional questions necessary to ensure a full understanding of their insurance plan.

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