

## Checklist: Questions To Ask Your Insurance Company

- What's your name and extension number?
- Does my policy cover out-of-network Licensed Clinical Social Workers or Licensed Professional Counselors?
- My therapist is licensed in Pennsylvania and Washington State.
- My therapist will provide a statement of Session Dates Attended, the CPT code, and the Diagnosis. Is this acceptable to the insurance company?
- Does my policy cover Individual Psychotherapy - CPT code 90834 (a 45-minute session) for me/my child?
- What about a 90834 with the addition of 90833 (a 70-minute session)?
- Does my policy cover telehealth with an OON Licensed Professional Counselor/Licensed Mental Health Counselor?
- Are there any mental health diagnoses that are not reimbursable?
- How many sessions can I have covered per year?
- Do you cover CPT code 90834-95 (45-minute sessions over a virtual platform)?
- What is my lifetime maximum for mental health benefits?
- What is my Out of Network deductible? (This is the amount you have to pay before they start reimbursing you. With some insurance companies, this can be prohibitively high.)
- What is the Allowed Amount for service fees? \*
- What percentage of the Allowed Amount will be reimbursed? \*
- How do I file a claim? (Online, through the mail?)
- To be considered for reimbursement, do you require claims submitted within a certain number of days from the service date? If so, how long does that take?
- What is the payment schedule? (How long does it take them to process your paperwork and then reimburse you?)
- What is the Claims Department phone number so I can follow up on the status of my claim at a later date?