Key Questions to Ask Your Insurance Company

When seeking mental health therapy, navigating insurance coverage can be a labyrinthine task, especially when considering out-of-network providers. While many insurance plans offer coverage for mental health services, understanding the specifics of what is covered and what isn't can save you from unexpected expenses down the road. Here are some crucial questions to ask your insurance company when exploring out-of-network mental health therapy coverage:

☐ What is my Out-of-Network Coverage?

Start by understanding the basics of your out-of-network mental health coverage. Inquire about deductibles, copayments, coinsurance, and annual out-of-pocket maximums. Knowing these details can help you estimate your potential costs accurately.

☐ Do You Reimburse for Common CPT Codes?

The CPT code is the sequence of numbers that tells the insurance company what procedure the clinician is doing to treat the diagnosis. For example, there are different CPT codes for when a doctor removes a wart as opposed to when they remove a skin tag.

Ask your insurance company if they reimburse for common CPT codes for individual therapy sessions ("90834: Psychotherapy, 45 minutes") and/or couple and family therapy sessions ("90847: Family or couples therapy with the patient present").

☐ What Diagnoses are Covered?

Insurance companies operate on a principle of “medical necessity.” That means they only pay for things they think you absolutely need, not just things you want. A diagnosis code is the sequence of numbers that tells them what you are having treated.

Inquire about coverage for common mental health diagnoses such as depression (F32.9), anxiety (F41.9), adjustment disorders (F43.20), and relationship distress with a spouse or intimate partner (Z63.0). Understanding which diagnoses are eligible for coverage can help you plan your treatment more effectively.

☐ What Documentation is Required for Reimbursement?

Some insurance companies may require specific documentation, such as treatment plans or progress notes, to process claims for out-of-network mental health services. Clarify what documentation is necessary to ensure seamless reimbursement.

We provide clients with a superbill, which provides information required by insurance payers for out-of-network reimbursement, including: the client's demographic information, including DOB; provider information; diagnosis code(s) and modifiers; date(s) of service; place of Service (POS) code(s); CPT code(s) and service descriptor(s); and amount charged and payments received.

☐ Is Pre-Authorization Required?

Ask if pre-authorization is needed before starting therapy with an out-of-network provider. Pre-authorization involves obtaining approval from your insurance company before receiving services, and failure to do so may result in denial of coverage.

☐ What is the Reimbursement Rate?

Understand the reimbursement rate for out-of-network mental health services. Insurance companies often reimburse a percentage of the provider's billed charges, known as the usual and customary rate. Knowing this rate can help you estimate your out-of-pocket expenses accurately.

☐ Are There Any Exclusions or Limitations?

Inquire about any exclusions or limitations in your mental health coverage, such as session limits or restrictions on specific types of therapy. Understanding these limitations can prevent surprises during the course of your treatment.

☐ Are Teletherapy Sessions Covered?

It's essential to clarify whether your insurance covers remote therapy sessions with out-of-network providers. Many insurance companies now offer coverage for teletherapy, but it's best to confirm this with your provider.

☐ How Do I Submit Claims for Reimbursement?

Familiarize yourself with the claims submission process for out-of-network mental health services. Understand what information is required on the claim form and how to submit it to ensure timely reimbursement.

☐ Are There Appeals Processes in Place?

In case of claim denials or disputes, inquire about the appeals process available to you. Understanding the steps involved in appealing a decision can help you advocate for the coverage you deserve.

Consult CoverMyMentalHealth.org for more guidance. By asking these crucial questions, you can gain clarity on your out-of-network mental health therapy coverage and make informed decisions about your care.