

What questions should I ask my insurance company?

Call the number on the back of your insurance card for the Benefits Department. Write down every answer you receive. Don't be intimidated. Ask for explanations of anything you don't understand. Ask to speak to a supervisor if you are not happy with the answers you are getting. You'll need careful records later if the company fails to follow through with what they've told you.

- 1) What is your name and extension number? _____
- 2) Does my policy cover *Out-of-Network, Licensed Clinical Social Workers*?
___yes ___no
- 3) My therapist is willing to provide a statement of Session Dates Attended, the CPT code, and the Diagnosis. Is this acceptable to the insurance company? ___yes ___no
- 4) Does my policy cover Individual Psychotherapy? (CPT code 90837) ___yes ___no
Group Psychotherapy? (CPT code 90853) ___yes ___no
- 5) What mental health *Diagnoses* are NOT reimbursable? _____
- 6) How many *Sessions* are covered per year? _____
- 7) What is the *Lifetime Maximum* for mental health benefits? \$ _____
- 8) What is my *Out-of-Network Deductible*? \$ _____
- 9) What is the *Allowed Amount* of the fee?
 - a. Individual session (My fee is \$120, CPT code is 90837): \$ _____
 - b. Group session (My fee is \$40, CPT code is 90853): \$ _____

Many insurance companies will reimburse a percentage of the total fee paid. For example, your company may reimburse you 80% of the total fee paid, or \$96 for a \$120 individual session. Other companies will substitute the \$120 fee for what they deem appropriate, regardless of what you paid. For example, your company may say that they will reimburse you 80% of the "allowed amount" of the fee. You paid \$120 for an individual session, but your insurance company only allows \$60. Therefore, you will be reimbursed 80% of \$60, or \$48. They may try to withhold this information from you and can legally do so. Ask to speak to a supervisor and say that you cannot plan your medical expense budget without this number.

- 10) What percent of the *Allowed Amount* will be reimbursed? _____%
- 11) How do I file a claim? _____

Important Considerations

- ❖ Insurance reimbursements will vary from month to month:
 - At the beginning of your therapy, there will be a wait until your insurance company begins to pay your benefit.
 - In January of each year, you will not get any money back until your deductible is met. If you apply other family medical expenses to your deductible, you will start getting benefits sooner, and more of your therapy will be paid for.
 - Toward the end of the year, your insurance reimbursements will stop if the number of sessions is limited.

- ❖ Your out-of-pocket medical expenses can be minimized if your employer offers a pre-tax medical "flexible spending account."

- ❖ Ask your accountant about taking a medical tax deduction for psychotherapy.

- ❖ You may save money with an insurance plan that has a higher premium, but better benefits for out-of-network therapy (called *Preferred Provider Organization*, or *PPO*).

- ❖ Beginning January, 2010, new legislation requires many insurance plans to provide the same benefits for mental health as for physical health, with many of these limits removed—very good news!