

## Out-of-network Benefits and Reimbursement Rates Verification Guide

### **Please refer to the following when contacting your insurance company:**

- Member contact number (usually located on the back of the card)
- Do I have a mental or behavioral health policy with out-of-network benefits? Does it include telehealth?
- Do I have an out-of-network deductible? If yes:
  - What is my out-of-network deductible?
  - How much of my out-of-network deductible has been met?
  - What is the start date of the calendar year my out-of-network policy is based on?
- How much is the insurance company's "usual and customary fee" and what percentage of the following services do they cover? (Please refer to the procedural codes provided):

90791-Diagnostic Interview (this is the assessment completed during the initial appointment)

90837-Individual therapy

90847- Family/Couples therapy

### **Other helpful questions:**

- What are the requirements to use out-of-network benefits?
- Is a referral required from my primary care physician?
- Is prior authorization required?