

QUESTIONS FOR YOUR INSURANCE PROVIDER

Grab a pen and write down the answers... ask the questions in the following order:

- Does my policy include **mental health benefits**?
- Does my policy cover **Counselors or Art Therapists**?
- Does my policy cover **out-of-network** mental health professionals?
- How much will my policy pay for the following **coded** sessions:
 - 90791 (Diagnostic Evaluation)
 - 90834 (45-min psychotherapy session)
 - 90837 (60-min psychotherapy session)

- How much psychotherapy is covered per year?
- Is my **mental health deductible** part of, or separate from, my medical deductible?
- What is my yearly mental health and/or medical deductible?
- How much of my deductible have I met this year?
- Can I pay my therapist out-of-pocket and submit my session receipts for reimbursement?
 - To whom should I mail or fax the receipts?
 - Once I mail in a receipt, how long before I receive a reimbursement check?

- Do you require **pre-approval or pre-certification** of sessions?
 - Who must obtain the pre-approval or pre-certification?
 - Can this be done over the phone?
 - If not, what is the procedure?
 - How many sessions will likely be pre-approved at a time?
 - Who should be contacted to authorize the pre-approval?

- Is there anything else I should know?