Questions for Insurance

1. Does my policy cover out-of-network Licensed Psychologists?
2. Does my policy cover the following CPT codes:
    - *Individual Psychotherapy* — **CPT codes 90834 and 90837** (45 min or 53 min respectively)
    - *Family/Couples Therapy Session* — **CPT code 90847**
    - *Group Psychotherapy* – **CPT code 90853**
    - *Teletherapy* — **CPT code 90834-95** or **90837-95** (45 min or 53 min respectively using a virtual platform)
4. What is my deductible for out-of-network services? Has it been met?
5. How many sessions are covered per year?
6. What is the Allowed Amount for therapy fees? (the maximum amount your insurance company will pay toward each therapy session.)
7. What percentage of the Allowed Amount will be reimbursed?
8. What is the process for filing a claim?
9. Do you require my claim to be submitted within a certain number of days from the date of service in order to be considered for reimbursement? If so, what is that time period?
10. What is the payment schedule? (This is the amount of time it will take them to process your paperwork and reimburse you.)
11. How can I best follow up on the status of my claim?
12. My therapist will provide the following information on a superbill: date(s) of sessions, diagnosis, and CPT code. Is this acceptable, or will you require additional information?