**Questions to Ask Your Insurance**

● Is there an annual deductible for out-of-network health benefits? If so, how much and has it been met?

● Is there a limit on the number of sessions my plan will cover per year? If yes, how many?

● Is there a limit on out-of-pocket expenses per year?

●What is my insurance percentage for behavioral health services?

● Does my plan require pre-authorization for psychotherapy?

● What is my policy year (i.e. Jan 1 – Dec 31)?

● How do I submit for reimbursement?

● How long do I have to submit my Superbill?

● Ask for the allowed amount for the following procedure codes:

* + - Diagnostic Interview/Initial Appointment (CPT 90791)
		- Individual Therapy (CPT 90834 and 90837)
		- Family Therapy (CPT 90847)
		- Group Therapy (CPT 90853)
		- Psychological Test Administration and Scoring (CPT 96136 and 96137- 30 minute units)
		- Psychological Interpretation, Integration, Treatment Planning, Report and Interactive  Feedback (CPT 96130 and 96131 – 30 minute units)
		- Telehealth CPT codes to ask your insurance company about are the typical code plus “95” as a modifier, which would look like “90834-95.” This applies to all of the CPT codes listed above with the exception of testing codes.