If you are planning on submitting to insurance towards your out-of-network deductible, I have found that you asking the following questions of your insurance representative to be most helpful:

What you can rely on me to provide?

I will provide to you a summary of your consultation (usually after 2-3 sessions), collect payment at each session (or offer an alternate plan), and provide a summary that you can submit for reimbursement from your insurance company. My fee schedule is set for all clients and is available in our psychiatric service agreement.

What you need to decide prior to beginning treatment?

If you would like to receive care, you will be billed directly for each service. If you decide not to bill or purchase insurance, I will provide a statement and collect payment by credit card or personal check (with fees defined in our service agreement). If you would like to use your out-of-network benefits for outpatient mental health, please contact your insurance member-service department to verify what, if any services are covered in your current plan.

What are essential questions to ask your insurance provider?

1. It is often very useful to have a simple, common-sense overview provided by your insurance company. Ask what out-of-network reimbursements are covered.
2. If your health plan provides reimbursement based on diagnostic codes (these are called international classification of disease codes and the current version is ICD-10), ask if there are any exclusions to what conditions will or will not be covered.
3. If your health plan provides reimbursement based on service fee codes (these are called current procedural terminology, or CPT codes), ask if there are exclusions for the following psychiatrist provided services. If your insurance provider asks specific questions, the following common code references may be of use on your information call:
    - Initial Diagnostic Evaluation (Code 99205 or 90792), and
    - Followup appointments (my practice primary uses the following codes: 99212, 99213, 99214, 99215 with codes 90833, 90836; I also use 90837 for some psychotherapy session without medication).
4. How do you coordinate reimbursement with them?
    - Are there any authorizations required for you to obtain?
    - Are there any limitations for your mental health benefits?
    - Can you walk me through the steps of submitting month bills (what is the address, etc.)
    - Does any money spent for my mental health services apply towards my annual deductible?

Please discuss with me any questions, concerns, or insights you gain as you work with your plan to cover these essential medical services (insurance language for our work).