

Questions for Your Insurance Company Concerning Out-of-Network Reimbursement

- Do I have out-of-network reimbursement for outpatient mental health services?
- If yes, what is the annual deductible before my eligibility for reimbursement kicks in?
- What is the amount, or percentage, of the fee per 45-minute psychotherapy session [or psychological testing], that is reimbursed?

For psychotherapy, you would typically be seeking reimbursement for 45-minute sessions of psychotherapy (which are coded 90834 for insurance purposes), with a clinical psychologist.

- Is there an “allowable amount” per session that will be applied to the deductible, and from which reimbursement is calculated?
- Is there an annual out of pocket maximum (after which all costs of services are reimbursed to you for the remainder of the year)?
- [If therapy is done remotely by video or phone...]
Are telehealth sessions reimbursed the same as in-person sessions?

Telehealth therapy sessions are coded 90834, *with modifier 95*. Pre-COVID, some insurance companies did not reimburse for telehealth sessions. They have generally been required to reimburse equally for telehealth during the pandemic, and it is unclear when/if this requirement will be lifted.

- How do I submit claims for reimbursement?

You will receive a monthly statement showing number of sessions, dates, and amount paid, which you can submit to the insurance company.