

*Suggested Questions for Verifying Out of-Network Coverage*

Because I am a licensed professional counselor (LPC), many insurance companies will provide some level of reimbursement for working with me as an out-of-network provider. If you have health insurance coverage and find that your plan will allow for this, I will provide you with a monthly superbill containing information you can use to request reimbursement from your insurance company. You will still be responsible for full payment to me at the time of session. Here are some suggested questions to ask your insurance company for verifying the terms and conditions regarding out-of-network coverage:

- Does my plan include out-of-network coverage for mental health counseling services with an LPC? Does that include telehealth?
- What is the co-insurance percentage?
- Is a referral required? Is pre-authorization needed?
- Is there an annual deductible for out-of-network mental health benefits? If so, how much?
- Is there a limit on the number of sessions that can be covered per year? If so, how many?
- Is there a limit on my out-of-pocket expenses per year? If so, what is it?
- When does my plan year begin and end?

*All clients should ask:*

- Will you cover CPT code 90791 (initial assessment)?
- What is the usual, customary, and reasonable (UCR) fee for [name of County] for this code?

*Individual counseling clients should also ask:*

- Will you cover CPT code 90834 (45-minute individual sessions) or 90837 (60-minute individual sessions)?
- What is the usual, customary, and reasonable (UCR) fee for [name of County] for these codes?

*Couples counseling clients should also ask:*

- Will you cover CPT code 90847 (couples sessions)?
- What is the usual, customary, and reasonable (UCR) fee for [name of County] for this code?

*Group counseling clients should also ask:*

- Will you cover CPT code 90853 (group sessions)?
- What is the usual, customary, and reasonable (UCR) fee for [name of County] for this code?