



Here's the Quick and Easy Method for Finding Out About Your Insurance Benefits

- 1). Call the customer service / member services phone number on the back of your insurance card.
- 2). When prompted, select the appropriate number for "benefits" — choose "out-of-network."
- 3). Typically the fastest way to reach a customer service representative is to then dial "0" or the applicable number specified by the phone tree. Once you get a live representative, say "I'm calling to find out about my (or "my child's") out-of-network mental health benefits."
- 4). Listen carefully as they tell you whether or not you have a deductible (and if so, what it is). Then make sure you are told at what percentage insurance reimburses once your deductible (if any) is met. Typically insurance reimburses between 50% to 80%.
- 5). Depending on your concerns, ask "Does that cover individual therapy (the CPT codes are 90837 for an initial 60-minute consultation and 90834 for 45-minute followups)? Family, couples, or group therapy (CPT codes 90847, 90847, and 90853 respectively)? Does that cover testing (CPT code 96101)? An initial psychiatric consultation or medication management followups (codes 90791 and 90863)?"
- 6). The representative should tell you if those services are covered. If you need preauthorization, let us know, and we can call to get services authorized.