

## Questions to Ask Insurance about Coverage

If you are looking to use your health insurance to pay for therapy sessions, the first step is to learn what your insurance benefits cover. Get started by calling your health insurance company and asking the following questions. You can typically find your insurance company's phone number for Member Services on the back of your insurance card, or by searching for it online. Follow prompts to "Check Eligibility and Benefits."

*Note: It can be helpful to have the following information ready when you make a call about a specific provider:*

- Provider's Full Name and NPI (National Provider Identification)
- Your Health Insurance Card
- Full Name & Date of Birth of the Subscriber

### Questions regarding In-Network Benefits

What's my deductible for in-network mental health benefits?

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How much of my deductible has been met?

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What is my copay for mental health visits?

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Is (this provider) (full name and NPI) in-network with my health insurance?

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

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Does my policy cover 60 minute sessions? If yes, how many?

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What happens if my child needs longer than 45 or 60 minute sessions? More than two sessions a week?

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## Questions to Ask Insurance about Coverage

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

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Does my plan require pre-authorization for psychotherapy?

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Is there a limit to the amount of money that you will pay during a year of treatment? A lifetime limit?

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Do you cover intensive outpatient or partial hospitalization? Inpatient acute psychiatric care? Which hospitals are in network? is there a limit to the number of outpatient, IOP or PHP or inpatient sessions/days that are allotted?

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Do I have out-of-network mental health benefits?

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### Questions regarding Out-of-Network

Does my plan include out-of-network coverage for mental health?

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Is there an annual deductible for out-of-network mental health benefits? If so, how much?

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

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

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What is my co-insurance percentage for mental health services?

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## Questions to Ask Insurance about Coverage

Does my plan require pre-authorization for psychotherapy?

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

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Does my plan require a referral for psychotherapy?

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How do I submit claims for out-of-network reimbursement?

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### **Questions regarding Teletherapy**

Are virtual outpatient mental health visits (or teletherapy) covered by my plan?

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