

## Ask your Insurance Carrier or Managed Care Organization These Questions Today

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1. Always ask the voice at the other end of the phone: **"What is your name and extension number?"**

Write it down. Write down every answer you receive. Don't be intimidated. Ask for explanations of anything you don't understand. Ask to speak to a supervisor if you are not happy with the answers you are getting. You'll need careful records later if the company fails to follow through with what they've told you .

2. Ask: **"I am (my child is) beginning in psychotherapy. Am I eligible to file a claim for reimbursement myself?"**

Many insurance companies and HMOs will only accept claims for reimbursement directly from the health service provider him- or herself (that is, the physician, nurse, psychologist or other professional providing care).

- ✓ If "NO," then complain loudly and find a new policy or carrier. The only reason some insurance companies and HMOs refuse to accept claims from you, the patient, is for their convenience.
- ✓ Keep in mind that your out-of-pocket medical expenses can be minimized if your employer offers a pre-tax medical "health savings account" or HSA.

Learn about the IRS rules regarding HSAs  .  
Read a 01.30.2009 NY Times article on HSAs here 

3. If you are eligible to file your own claims with your insurance carrier, then ask: **"Can I be reimbursed for services already provided? Or do I need PRE-AUTHORIZATION in order to be reimbursed?"**

Many health insurance and managed care companies will not even consider reimbursing you for services provided and paid for PRIOR to your call. They will require that you receive their authorization first.

4. If you are eligible to file claims for reimbursement, then ask:

**"What is the rate of reimbursement?"**

That is, what percentage of the money that you spend will be reimbursed to you?

For example, if you spend \$100 out-of-pocket for one hour of individual psychotherapy and then submit a claim for reimbursement, should you expect to get the full \$100 reimbursed? Probably not. How much will be reimbursed?

5. Now ask:

**"Does this rate of reimbursement depend on who the provider is?"**

Some companies have a list of "preferred providers." If so, then ask,

**"Who is on your list of preferred providers in my immediate area with expertise in ...?"**

And

**"What is the reimbursement rate for 'non-preferred' or 'out-of-network' providers?"**

6. Ask:

**"Does the rate of reimbursement depend on a 'usual and customary' fee?"**

Many companies will reimburse **X% of the rate that they deem appropriate, regardless of what you paid.** "Usual and customary" is the company's way of saying what that dollar amount is.

For example, your company may say that they will reimburse you 80% of their usual and customary fee. You paid \$100 for one hour of psychotherapy and submit a claim for reimbursement. If the insurance company's usual and customary fee for individual psychotherapy is \$60, then you will be reimbursed 80% of \$60, or \$48.

7. Now ask:

**"What will my co-payment and deductible be *per visit* with an out-of-network provider?"**

A co-payment is the (fixed or percentage) amount you owe to the provider per service, before reimbursement will be considered. A deductible is the total dollar amount you must pay per person or, in sum, per family, per year, before reimbursement will be considered.

8. Ask: **"Does the rate of reimbursement depend on a PROCEDURE CODE or CPT?"**

Every health service is assigned a CPT or procedure code. Companies sometimes reimburse differently depending on CPT. Individual psychotherapy is CPT 90806.

Learn more about NH CPT codes for psychologists here 

and then ask:

**"What procedure codes are NOT reimbursed?"**

9. Ask: **"Does the rate of reimbursement require a DSM IV DIAGNOSIS CODE?"**

Insurance companies often require that the identified patient be labeled with a formal DSM IV (psychiatric) diagnosis. This label is recorded with the patient's name suggesting the presence of a mental illness. For example, Attention Deficit (Hyperactivity) Disorder is 314.01

Learn more about DSM IV here 

The DSM IV diagnoses can be found here 

If a diagnosis code is necessary, ask:

**"What diagnoses are NOT reimbursable?"**

Often, the relatively benign diagnosis codes (sometimes referred to as "V codes") are not acceptable for reimbursement. For example, the DSM IV diagnosis code for Bereavement is V62.82 and for "Parent-child Relational Problem" is V61.20.

10. Finally, be sure to ask: **"Where do I mail my claims?"**  
and  
**"Will you accept claims by e-mail or fax?"**  
and  
**"How long will it take to mail out my reimbursements after receiving my claims?"**

Learn more about Dr. Garber's practice, psychological services and insurance reimbursement at <http://www.HealthyParent.com>