

## Out-of-Network Insurance Call Guide

You may find it helpful to keep this guide nearby when calling your insurance company. Representatives may use technical language, so writing down their responses can make the process easier.

### When You Call Your Insurance Company

Start by saying:

"I'm planning to see an out-of-network licensed clinical psychologist and would like to check my out-of-network behavioral health benefits for specific CPT codes."

### Questions to Ask

1. Do I have out-of-network behavioral health benefits?
2. What is my out-of-network deductible? Has any of it been met?
3. What percentage of the allowed amount is reimbursed after the deductible is met?
4. What is the allowed amount for these CPT codes?
  - 90791 — Psychiatric Diagnostic Evaluation (initial intake)
  - 90834 — Individual psychotherapy (50 minutes)
  - 90846 — Parent consultation
  - 96130 — Psychological testing evaluation services (first hour of interpretation/report writing)
  - 96131 — Psychological testing evaluation services (additional hours of interpretation/report writing)
5. Is preauthorization required for any of these CPT codes when the provider is out-of-network?
6. Are there limits on the number of sessions or evaluations reimbursed per year?
7. Where do I submit superbills for reimbursement (mailing address or online portal)?
8. May I have a reference number for this call in case I need it later?

### Notes

Superbills you receive will include the diagnostic and CPT codes typically required by insurance companies for out-of-network reimbursement.