PEGASUS
MENTAL HEALTH COUNSELING, PLLC

Insurance Reimbursement Tips

These are some tips on how to get reimbursed for my services, but please keep in mind that these are just tips and every insurance company is different. If you are having difficulties, please contact member services at your health insurance company.

About 2/3 of clients get reimbursed for services, and their reimbursement rate can vary from 0% to up to 100%, depending on their insurance company and their benefits. Asking a lot of questions and getting clarity on the front end will make the process run smoother in the future.

Some general tips:

- You will need to provide them with your name, date of birth, and member ID number. It's good to have your member card available to provide the customer service representative with any applicable information needed.
- Always write down the number you called, the name(s) of the person/people you spoke to, the date, start time, and end time of the call, and *relevant notes of the call, including reference numbers and case numbers*. Keeping a log helps you to avoid the insurance companies common answer of "When did you call and who did you talk to" as a way to get out of helping you.
- Be patient. The system can be overly complicated and the customer service representative is doing their best. If there is something you don't understand ask them to clarify it for you.

Here are some instructions that might help you inquire about your out-of-network benefits to be reimbursed for our sessions:

1. Have a pen and paper, laptop, or note taking mechanism ready to log the call.
2. Set aside at least 30 minutes to make the call.
3. Call the member services or customer service number located on the back of you member card. If you have an option of "behavioral health" or "mental health" number, call that one first.
4. Select the option about benefits and/or eligibility and do your best to get a live person. Automated systems might give you SOME of this information, but not all.
5. When speaking to a live person, state that you are "looking to see an out-of-

network provider" for "outpatient office psychotherapy" and wanted to know your "out-of-network benefits for psychotherapeutic services". You are not looking for inpatient services or medical services.

6. They will then tell you what the benefits are. Write those down. If you do not have any out-of-network benefits, you will generally not be able to be reimbursed for the services.
7. Ask if the following codes are covered: **90791**: Psychiatric diagnostic interview without medical services and **90837**: Individual psychotherapy, 53-60 minutes, 90847: Couples therapy.
8. Ask them if a Licensed Mental Health Counselor is a covered provider. You can provide them with the following information if necessary:
    a. Andrea Horowitz, LMHC
    b. National Provider Number (NPI): 1659639029
    c. Tax ID Number/Employer Identification Number (EIN): 82-1895090
9. Ask them what rate you are reimbursed at and if there is a deductible. Write this information down. This will tell you how much the company will reimburse you. If applicable, ask them how much of your deductible has been met to date and what date does the deductible start/end (usually Jan 1 to Dec 31).
10. Ask them if you have a co-pay. Depending on how much you have met of your deductible or maximum out-of-pocket limits, they will rarely reimburse you for your co-pay.
11. Ask them if there is a maximum out-of-pocket limit and if so, once you reach that, what is the reimbursable amount (will they cover 100% after you reach that? This is usually a pretty high number).
12. Ask them if there is any prior authorization, pre-certification, or approvals needed. Ask them who needs to make these (doctor, the therapist, psychiatrist?)
13. Ask them if there is a visit limit (there shouldn't be). Ask them if there is a limit to visits where you eventually need an authorization (some insurance companies state after 12 visits you need an authorization, many don't.) Ask them how you go about getting reimbursed. Do you need to fill out a form? Submit a letter with receipt? What kind of documentation do you need to send to them and where do you send it?
14. Ask them how many days after the date of service you need to submit (it is generally between 90 and 365 days).
15. Tell them you will be paying the provider up front and ask them how you make sure that the provider does not get paid. This is a common mistake that insurance companies make: paying me, and not you.