
Questions to Ask for Insurance Reimbursement

If you have a PPO plan, you may be able to get reimbursement from them for my services as an out-of-network provider. You will pay me at the time of service and then I will provide you with a superbill for you to turn into insurance to get reimbursed directly depending on the provisions of your health plan. In order to have a better idea of what your plan covers and what you might be reimbursed, you will need to call them and ask them a number of questions.

In the State of California, there is a law called the Mental Health Parity Act, AB88 (Thomson) enacted in 2000 which states that if someone has a certain mental health diagnosis "insurers are required to provide benefits for severe mental illnesses that are equal to the benefits provided for physical illnesses. These laws do not allow different benefit limits to be applied to co-payments, deductibles, inpatient days, outpatient visits, or annual and lifetime limits" (see http://www.dmhca.ca.gov/library/fag/mental_health/ for more information). Under this Act, "Severe mental illness" includes: Schizophrenia; Schizoaffective disorder; Bipolar disorder (manic-depressive illness); Major depressive disorders; Panic disorders; Obsessive-compulsive disorder; Pervasive developmental disorder or autism; Anorexia nervosa; and Bulimia nervosa.

This means that if you have a condition that falls into this category, your insurance may reimburse you more per visit; you may not have to pay your deductible before they reimburse you, and they may have a different limit on visits/year or no limit at all. So, it is worth asking about.

When we meet and I do an assessment, I will determine if you what you are experiencing psychologically falls into this category and you will have a better idea of what to expect from your insurance company.

Regular Diagnosis

1. What does my plan reimburse me for out-of-network outpatient psychotherapy?
For the initial visit (Code 90801)
For a 45-minute visit (Code 90806)
For a 60-75 min visit (Code 90808)
2. Will you reimburse for two 90806 visits *in the same day*? (two 45-min back-to-back visits that add up to 90 minutes.)
3. What is my deductible?
4. Do I still have any of my deductible to meet before you reimburse for these services?
5. Is there any limit on number of visits in one year/calendar year?
6. How and where do I submit a claim—what do I need to turn in to you to get reimbursed?
Claims Address?

Mental Health Parity Diagnosis

1. What does my plan reimburse me for out-of-network outpatient psychotherapy if it is a Mental Health Parity Diagnosis?
For the initial visit (Code 90801)
For a 45-minute visit (Code 90806)
For a 60-75 min visit (Code 90808)
- ** Ask all the same questions but for a Parity Dx