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Tips for using Out-of-Network Benefits

If you have Out-of-Network benefits, this handout is designed to help you obtain the information you may need to submit a claim on your own behalf.

It is often easiest to call your insurance company for this information. You can find the telephone number on your insurance card. Keep your insurance card on hand, as well as information about the primary insured and their employer. Helpful tips before you begin:

- Some insurance companies will try to encourage you to use an in-network providers before giving you information. You are welcome to find an in-network provider, and they should be able to provide you with a list of current in-network providers.
- It is your right to use your out-of-network benefits. You generally should not have to provide details regarding why you want to use your out-of-network benefits. • If you feel the representative does not know how to help you, or is withholding benefit information, you can ask to speak to another representative. • If you are still having trouble obtaining this information, talk to your employer/HR representative.

I recommend you print this handout and use the form to record the information given to you by the insurance company.

1. Do I have Out-of-Network mental health benefits? • Yes • No

If no, this means you do not have out-of-network benefits and do not need to complete the remainder of this handout. This means the fee for mental health care will NOT be covered by your insurance company.

2. Do my Out-of-Network benefits cover routine outpatient mental health services (also known as behavioral health)? • Yes • No

3. My therapist uses the following CPT codes. Can you tell me which ones are covered? If prior authorization is required, please gather details:

CPT code	Covered	Not Covered	Requires Prior Authorization
90791 (biopsychosocial assessment)			
90837 (60 minute individual psychotherapy)			
90834 (45 minutes of individual psychotherapy)			
90839 (psychotherapy for a crisis, 60 min)			
90839 (psychotherapy for a crisis, additional 30 minutes)			

4. Do I have a deductible? (a deductible is the amount you will pay out of pocket before your insurance company will provide reimbursement). If so, how much is the deductible?
5. How much of the cost does my plan cover? (this might be called your coinsurance, or member cost-share. It is often calculated on a percentage basis).
6. Does the plan cover the full billed charges or the insurance company's allowable amount? • full billed charges • allowable amount
Enter the established allowable amount here:
7. Will telehealth be covered if I use my Out-of-Network benefits? • Yes • No 8.

How do I submit a claim?

9. Do I need a special form to submit along with my Superbill? • Yes • No

10. How will I be reimbursed?

11. What is your name and a reference number for this call?