**Out-of-Network Insurance Benefits**

Please contact your insurance company and ask them the following questions. For guidance on the specific codes and billing information, please inquire with your psychologist.

**Insurance Company Questions**

**for Diagnostic Evaluations**

* Do I have Out-of-Network coverage?
* What are my Out-of-Network benefits?
* What is my deductible?
* After I meet my deductible, what percentage of the visit cost will I be reimbursed for?
* For the following CPT codes (the 5-digit numbers below): How much can I be reimbursed? Is there a limit to the number of units I can be reimbursed for? Do I have Telehealth benefits, **with location 2 and modifier GT/95**?
* **90791** - intake appointment
Reimbursement amount: \_\_\_\_\_\_\_\_\_
Maximum number of units reimbursed \_\_\_\_\_\_\_\_

Is Telehealth covered? \_\_\_\_\_\_\_\_

* **96136** and **96137** - psychological test administration and scoring codes

Reimbursement amount: \_\_\_\_\_\_\_\_\_
Maximum number of units reimbursed \_\_\_\_\_\_\_\_

Is Telehealth covered? \_\_\_\_\_\_\_\_

* **96130** and **96131** - psychological evaluation services, including interpretation, report writing, and feedback appointment

Reimbursement amount: \_\_\_\_\_\_\_\_\_
Maximum number of units reimbursed \_\_\_\_\_\_\_\_

Is Telehealth covered? \_\_\_\_\_\_\_\_

* **96132** and **96133** - neuropsychological evaluation services, including interpretation, report writing, and feedback appointment

Reimbursement amount: \_\_\_\_\_\_\_\_\_
Maximum number of units reimbursed \_\_\_\_\_\_\_\_

Is Telehealth covered? \_\_\_\_\_\_\_\_

**Insurance Company Questions**

**for Therapy**

* Do I have Out-of-Network coverage?
* What are my Out-of-Network benefits?
* What is my deductible?
* After I meet my deductible, what percentage of the visit cost will I be reimbursed for?
* For the following CPT codes (the 5-digit numbers below): How much can I be reimbursed? Is there a limit to the number of units I can be reimbursed for per year? Do I have Telehealth benefits, **with location 2 and modifier GT/95**?
* **90832** - individual therapy, 16-37 minutes
Reimbursement amount: \_\_\_\_\_\_\_\_\_
Maximum number of units reimbursed \_\_\_\_\_\_\_\_
Is Telehealth covered? \_\_\_\_\_\_\_\_
* **90834** - individual therapy, 38-52 minutes
Reimbursement amount: \_\_\_\_\_\_\_\_\_
Maximum number of units reimbursed \_\_\_\_\_\_\_\_
Is Telehealth covered? \_\_\_\_\_\_\_\_
* **90837** - individual therapy, 53 minutes and over
Reimbursement amount: \_\_\_\_\_\_\_\_\_
Maximum number of units reimbursed \_\_\_\_\_\_\_\_
Is Telehealth covered? \_\_\_\_\_\_\_\_
* **90846** - family therapy without the patient present, 50 minutes
Reimbursement amount: \_\_\_\_\_\_\_\_\_
Maximum number of units reimbursed \_\_\_\_\_\_\_\_
Is Telehealth covered? \_\_\_\_\_\_\_\_
* **90847** - family therapy with patient present, 50 minutes
Reimbursement amount: \_\_\_\_\_\_\_\_\_
Maximum number of units reimbursed \_\_\_\_\_\_\_\_
Is Telehealth covered? \_\_\_\_\_\_\_\_