



SPIRAL PATH

Counseling

Questions for Your Insurance Company

I am happy to help navigating general insurance questions, however it is important to know it is your responsibility to understand your plan and to verify your insurance coverage. You will be fully responsible for payment if insurance quotes incorrect payments or your plan coverage changes. I check in-network benefits for clients as a courtesy, but strongly encourage you to verify directly by calling the number on the back of your insurance card.

Questions to Ask - In Network (Aetna, Optum, UMR, UHC)

- What is my deductible for in-network mental health coverage?
- How much of my deductible has been met for the year?
- Is there a limit on sessions my plan will cover per year? (If so, how many?)
- Does my policy cover 53 minute sessions (Billing code 90837)?
- How much is my copay, or coinsurance, for outpatient mental health services?
- What is the policy year (i.e. Jan 1 – Dec 31)?
- Does my plan require a referral or pre-authorization for psychotherapy?
- Does my policy cover telehealth/teletherapy/tele-mental health/virtual visits using a secure HIPAA-compliant platform?
- Are my behavioral health benefits carved out to an insurance company that is different than my medical benefits? (For example, State of Ohio employees mental health benefits are carved out under the Optum/United Healthcare umbrella even though their insurance coverage is through Medical Mutual.)

Questions to Ask - Out of Network

- Does my plan include "out-of-network" coverage for mental health?
- Does my policy cover telehealth/virtual visits using a secure HIPAA-compliant platform?
- How can I submit a superbill to get reimbursed for sessions?
- How much will I be reimbursed for CPT codes 90791, 90837, or 90834?
- Is there an annual deductible for out-of-network mental health benefits? (If yes, how much?)
- Is there a limit on out of pocket expenses per year? (If yes, what's the amount and status?)