

Calling your Insurance for Benefits and Preauthorization “Out of Network Provider”

To determine whether your insurance covers psychological or counseling services, you need to call your insurance provider and request the information. (Coverage details also may be available on your insurer’s web site). This page is intended as a guide to help you request your out-of-network insurance reimbursement or coverage with your insurance company to see me.

When you call your insurer, make sure you have your insurance identification card, a pen or pencil, and a printout of this page. Do not feel shy about requesting this information; as the customer, you have a right to this information.

Your insurance provider’s phone number is usually toll-free, and is located on the back of your insurance card. Your insurer may require you to be pre- authorized to receive mental health benefits, and direct you to a managed health care company whose job is to “manage” your use of my services.

When interacting with your insurance provider’s representatives, state that you are calling to find out what coverage you have for services provided by an out-of-network provider who is a licensed psychologist. The representative will ask for your name, date of birth, the policy holder’s name, policy holder identification number, and group number.

The insurance representative may ask for specific information to determine whether I qualify as an out-of-network provider. My identification and credentials are as follows:

David Sivesind, PhD. Licensed Psychologist in the State of New York , NY License # 018484 My Federal Employer Identification Number (EID) number 27-2218741. My National Provider Identification (NPI) number is 1447403514.

Remind them that I am not in their panel and do not work under their fee schedule. What you will find out by this phone call is the amount your insurance company will reimburse you directly for the fee you have paid to me for these services.

After you answer all of the representative’s questions, ask “To whom am I speaking?”
Write down the representative’s name_____. Then ask “In the future, what is the best phone number to call with future inquiries about mental health benefits?”

Next the representative will ask what procedures are going to be performed. If the representative does not ask, tell the representative that you have questions about the coverage for a number of procedures and that you have the codes for these procedures.

Provided below is a procedures checklist that may apply to you (depending on what services you will receive from me), as well as codes (CPT, or Clinical Procedure Terminology).

Procedure 1: Intake / Diagnostic Interviews (i.e. First session)

CPT code 90801 –Diagnostic Interview

- Insurance coverage provided out of network: Yes ___ No ____.
- Usual and Customary Fee charged by Dr. Sivesind: \$200
- Insurer reimbursement: _____.

Procedure 2: 45-50 minutes Individual Psychotherapy

CPT code 90806 –Individual Psychotherapy

- Individual Psychotherapy- Insurance coverage provided out of network: Yes ___ No ____.
- Usual and Customary Fee charged by Dr. Sivesind: \$160
 - Insurer reimbursement: _____
 - Is there a yearly maximum? _____ . - Is there a lifetime maximum? _____.-

CPT code 90847 –Family Psychotherapy/Couples Psychotherapy

Couples (if applicable) Some insurance companies will **not** cover couples counseling. Other companies only provide in network coverage, other companies will only cover married partners.

If they do:

- Insurance coverage provided: Yes ___ No ____.
- Usual and Customary Fee charged by Dr. Sivesind: \$180
- Insurer reimbursement: _____
- Is there a yearly maximum? _____.

Procedure 3: Psychological Testing

CPT code 96101 – Psychological Testing

- Insurance coverage provided: Yes ___ No ____.
 - Usual and Customary Fee charged by Dr. Sivesind: \$ 200 per hour - Insurer reimbursement: _____
 - Is there a yearly maximum? _____ . - Is there a lifetime maximum? _____.
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Now ask the representative, for any of the above CPT codes you inquired about: Are there any other restrictions or limitations we have not talked about?

Will Dr. Sivesind, as an out-of-network provider, be expected to fill out any additional forms such as description of the problems that brought me to therapy including symptoms, past history of symptoms, prognosis for change, etc? Yes ___ No ____.

Will Dr. Sivesind be asked to have a telephone case review on your file with an insurance representative? Yes ___ No ____.

What deductible must be satisfied? _____.

How much of my deductible is already satisfied? _____(if you have had recent procedures and the bill has not been processed, the computer will not have this information).

At this point, if you have decided to proceed and use your insurance benefits, you may be assigned an Authorization Number. Write it down:_____

Once again ask for your representative's name:_____.

After ending the conversation, record the date:_____ and time _____ of phone call.

This should provide you with most of the information that you need to know about how much you will be reimbursed by your insurance company for your treatment.

The information in this page is intended to guide you in your choice of psychotherapist. This information may or may not apply to you or your insurance carrier. Dr. Sivesind cannot guarantee that your insurance will reimburse any costs incurred during your fee-for-service treatment with him.

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