

What do I need to know about my insurance benefits?

Adapted from: <http://www.mentalhealthamerica.net/insurance-questions>

Dealing with insurance plans can be challenging, especially when you are already stressed and worried about mental health issues you or a loved one are experiencing. For this reason, it is best to understand your benefits and take steps to ensure that you are covered. The following are steps you can take to make sure you understand your benefits so that you can do whatever is within your control to have your treatment covered.

Reviewing Your Insurance Policy

The first thing to find out is what mental health benefits your insurance policy offers. Review your insurance policy so that you are clear about whether your policy includes coverage for mental health services, types of services that are covered and the amount paid for these services, and any steps you must take to have treatment covered. Even if you have a copy of the plan, it is always helpful to speak to someone else and clarify questions. This way you can identify any possible points of confusion before you receive a bill. You should have a number on your card or on the website that will tell you whom to contact.

My insurance is _____.

The customer or member service number on my card is _____.

The date of my call was ____/____/____

The following are some questions you will want to ask your insurance company, if possible, before starting treatment:

1) Do I need a referral from my primary care physician to a mental health professional? Many insurance companies, especially Health Maintenance Organizations (HMOs) require referrals from a primary care physician to visit any specialist, including mental health professionals. If you do not receive a referral before visiting a mental health professional, your insurance company may deny your claims; which means you will be responsible for the full fee-for-service charge. If you think you require a referral, you should always get it in advance.

___ **Yes a referral is needed**

___ **NO a referral is NOT needed**

Information your doctor will need in order to send the referral:

Somatic Solutions, LLC / Alpha M. Gunn, MA, LPC, RRT

5245 Centennial Blvd, Suite 200, Colorado Springs, CO 80919

Ph: 719-963-1048 / Fax: 719-888-2994

IMPORTANT: Make sure your doctor includes their NPI number on the referral

2) Do I need any pre-approval from the insurance company before I see a mental health professional? A *referral* is an authorization from a *doctor* saying that the treatment is medically necessary; *pre-approval* or *pre-authorization* requires that your *insurance company* agrees to make the payment. You should call your insurance company to see if you need pre-approval, but you should also keep other questions in mind-how many visits are you approved for?

___ **Yes - a pre-authorization / pre-approval is needed for mental health benefits**

___ **NO – pre-authorization / pre-approval is needed for mental health benefits**

NOTES regarding next steps:

3) Do I need to see a mental health professional who is on a list provided by my insurance company (in a "network") or am I free to choose any qualified professional? If you need an "in network" provider, you can usually find a directory online or ask your primary care physician to help pick someone out. Somatic Solutions can also offer referrals.

___ **I have OUT-OF-NETWORK options and I am free to choose my provider.**

___ **I have only IN-NETWORK and need to see only an in-network provider.**

___ **I choose to use self-pay for my services and not utilize insurance coverage.**

4) Does the amount paid by my insurance company depend on whether I see a professional who is "in their network or preferred provider list" or "outside the network"? If so, what is the difference in the amount paid or percent reimbursement for "in network" vs. "out of network" providers? "In network" providers are almost always cheaper than "out of network" providers, although whether you want to save money or visit a doctor you prefer is a choice you will have to make. Bear in mind that your insurance company may not always have a flat difference. For some companies, seeing an "in network" provider may cost you a \$20 co-pay, and an "out of network" provider will cost you \$30; in others, "in network" may cost you \$20 and an "out of network" may cost you 20% - which could be significantly higher than \$30.

___ **Somatic Solutions, LLC is ___in-network / ___ out of network with with my insurance.**

___ **I understand my in-network / out-of-network responsibilities and choose Somatic Solutions, LLC / Alpha Gunn as my provider.**

___ **My co-pay amount is \$_____ for Somatic Solutions, LLC / Alpha Gunn**

5) Are there dollar limits, visit limits or other coverage limits for my mental health benefits? Is there a difference in what is paid for outpatient vs. inpatient treatment? If so, what are my benefits for each of these? It is not uncommon, based on your state and your plan, to have limits on psychiatric visits or medication management visits. Your plan may limit you to something like 25 sessions with a psychiatrist each year, up to 7 days of inpatient treatment a year, and 12 medication management visits a year. If you exceed these services, you will have to pay out of pocket.

___ **I have unlimited mental health visits each year**

___ **I have only _____ mental health visits per family member, per year**

Note regarding limits to my plan:

6) Is there a specific list of diagnoses for which services are covered? If so, is my mental health diagnosis one of those covered by my policy? Insurance companies often have the option to not include certain diagnoses in all policies. If you applied with your condition as a pre-existing condition, they may not cover anything related to that. Your insurance company will provide you with a list of covered and uncovered diagnoses. **I asked about the following CPT codes:**

- 90791 - Diagnostic evaluation**
- 90834 -45 min appointments**
- 90837 - 60 min appointments**
- 90846 - family therapy w/out primary client in session**
- 90847 - family therapy**
- 90853 – group therapy**
- Telemental health coverage during or after Covid-19.**

Notes regarding diagnoses that are covered or not covered by my plan:

7) Do I need to meet a deductible before insurance begins to pay? A deductible is the overall amount that you must pay out of your own pocket per year before your health insurance makes any payments. Depending on your plan's deductible, for instance, you may have to pay \$500, or even \$5,000, out of pocket before your insurance company will pay any claims. In some cases, your plan may pay for mental health treatment after you have paid part of your deductible but not cover physical health treatment until you have reached the full deductible.

- I asked about my deductible and was told _____**
- The amount of \$_____ will need to be paid before mental health benefits are covered by my plan.**
- I am aware that, until I meet my deductible, I am responsible for the full out-of-pocket payment to Somatic Solutions, LLC.**

8) Will my insurance company accept a superbill for reimbursement if Somatic Solutions, LLC does not work in-network or out-of-network with them at this time? A superbill is a receipt for services that contains the basic information requested by insurance companies (generally from the provider) before payment is rendered or reimbursed. Private-pay counselors can require clients to pay up front for services and then issue clients a superbill receipt.

9) Does my plan allow for telemental health sessions? Telemental health is an innovative way to receive mental health support. Instead of meeting in person, the session is via phone, email, text, or on-line through a video format such as Doxy.com, Vsee, etc.?

- yes**
- no**

Notes:

Additional information for Health Savings Accounts, EAP, and Tri-Care:

- Often times if you have Tri-Care, you will need to have an in network physician send a referral to Tri-Care requesting an evaluation and treatment as needed at Somatic Solutions, LLC. My NPI is: 1700182565 and my Tax ID is #811374151. My address is 5245 Centennial Blvd, Suite 200, Colorado Springs, CO 80919. Make sure they include **their NPI** number on the referral. You need to bring a copy of the referral to your first session in order for any coverage to occur or have your doctor fax the referral to: Somatic Solutions, LLC/ Attn: Alpha Gunn / Fax: (719) 888-2994

- If you have EAP, you may be able to utilize your EAP benefits. Please talk with me about this.
- If you will be using your Health Savings Account, please call them as well to find out what they need from you to cover your services. You might ask if you can use your card the same as a credit card, what forms of receipts / super bills they need in order to cover or reimburse your mental health services.

I have read, understood, and taken actions toward the billing information provided above. I am aware of my insurance coverage for mental health benefits and am aware that Somatic Solutions, LLC will either accept my in-network or out-of-network benefits and will bill insurance for my services and/or complete a super bill or adequate receipt for reimbursement.

Name: _____ **Date:** _____