

How to use your out-of-network benefits.

A word-for-word call script, plus a worksheet for writing down what you find out.



Most people never use the out-of-network benefits they already pay for, because finding out what they cover means one confusing phone call. This guide makes that call take about eight minutes.

Inside: exactly what to ask your insurance company, the codes to have ready, and a place to record the answers so you can do the math before you commit to anything.

GOOD TO HAVE ON HAND

- Your insurance card (front and back)
- The CPT code 90837 - a 53+ minute therapy session
- Ten minutes and something to write with

STEP ONE

Make the call

Call the Member Services number on the back of your insurance card. When someone picks up, say this:

“Hi, I'd like to check my outpatient mental health out-of-network benefits for an individual therapy session, CPT code 90837, with a licensed mental health counselor via telehealth.”

STEP TWO

Ask these seven questions

- 1 Do I have out-of-network benefits for outpatient mental health?**
If yes, everything below applies. If no, ask whether a single case agreement is possible.
- 2 What is my out-of-network deductible, and how much of it have I met?**
This is what you pay before reimbursement starts. It resets each plan year.
- 3 Once the deductible is met, what percentage of the session do you reimburse?**
Commonly 50-80% of an “allowed amount,” not of what you actually paid.
- 4 What is the allowed amount for CPT code 90837?**
The number your percentage is applied to. This is the question people skip.
- 5 Is telehealth covered the same as in-person?**
Almost always yes, but get it confirmed on this call.
- 6 Do I need pre-authorization, or a referral from my doctor?**
If yes, ask what you need to submit and how long approval takes.
- 7 How do I submit a superbill, and how long does reimbursement take?**
Ask for the portal, mailing address, or fax, and any claim form number.

STEP THREE

Write down what they tell you

Fill this in during the call. Ask for a reference number before you hang up, so you can point back to this conversation later.

Date of call	
Representative name	
Reference / call ID number	
Out-of-network deductible	
Amount of deductible met so far	
Reimbursement percentage	
Allowed amount for 90837	
Telehealth covered?	
Pre-authorization needed?	
Where to send superbills	

Then do the math

Say a session is \$180, your plan reimburses 70% of a \$150 allowed amount, and your deductible is already met. You'd get back \$105, so your real cost per session is \$75. That number, not the sticker price, is what you're actually deciding on.

WHEN YOU'RE READY

I'm Megan D'Angelo, a licensed mental health counselor seeing adults by telehealth in Washington, Wisconsin, and Florida. Consultations are free, twenty minutes, and there's no pressure to book anything after.

balancedlivingcounselingservices.com/contact

425-448-5865 · contact@balancedlivingcounselingservices.com

This guide is general information, not clinical or financial advice. Coverage details vary by plan; your insurer's answers govern. If you're in crisis, call or text 988.