

# Verify Your (Out of Network - OON) Benefits

what to ask your insurance company

You are contacting your insurance company to determine your coverage for **outpatient mental health counseling** with an **OUT OF NETWORK Licensed Professional Counselor** in NC.

Contact your insurance company to answer the following questions:

1. **Is my behavioral health policy managed by a group other than my main insurance company?** (for example, some BCBS policies have outsourced their Behavioral Health benefits to Magellan, a separate insurance company) If yes, what is the other company? \_\_\_\_\_

2. **Does my policy have an OON deductible?** ☐ No *proceed to question 2*

☐ Yes What is the amount? \$\_\_\_\_\_

How much has already been met? \$\_\_\_\_\_

What date does my deductible reset? \_\_\_\_\_

3. **Does my policy cover the following counseling service CPT codes, OON? Do I need prior authorization or a physician referral for any of them OON?**

CPT Code	Service Description	Is this Service Covered?		Prior Authorization or Referral Needed? <i>(If yes, please list what is needed)</i>	
90791	Initial session	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes:
90837	60 min session	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes:
90834	45 min session	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes:
90832	30 min session	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes:
90846 & 90847	Family sessions	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes:

4. **My counselor says they'll give me a Superbill, how do I submit claims to you for reimbursement?**

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5. **Document the call:** Call Reference Name / #: \_\_\_\_\_ Call Date/Time: \_\_\_\_\_