

**OUT-OF-NETWORK TREATMENT CHECKLIST**

1) Contact your member services department to verify if your plan offers out-of-network benefits for outpatient mental health in the office. The number should be located on our insurance card.

2) If out-of-network benefits are available, you should ask:

CLAIMS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Do I have a deductible?      YES or NO      Deductible Amount: \_\_\_\_\_

What is the maximum number of visits per year? \_\_\_\_\_

What percent of reimbursement is covered under my benefit? \_\_\_\_\_

What is the reimbursement rate?

Our most used codes are as follows:

90801-Diagnostic Interview	_____
90806-Individual Therapy	_____
90846-Family Therapy w/o Patient	_____
90847-Family Therapy	_____
90807-Medication Mgmt w/Therapy	_____
90862-Medication Mgmt	_____
96100-Psychological Testing per Hour	_____

How do I submit the claim? \_\_\_\_\_

Is Authorization Required?    YES or NO

How do I obtain authorization? \_\_\_\_\_

Effective date: \_\_\_\_\_                      Expiration date: \_\_\_\_\_

Number of visits: \_\_\_\_\_                      Procedure Code Approved: \_\_\_\_\_

If the provider needs to complete a treatment plan you are responsible for notifying the provider.