Dr Miles Neale
Illuminating Innate Potential

Reimbursement Guide

Ask your insurance company the following questions to help determine if they can defray some of the expense of your psychotherapy treatment.

1. What is the rate of reimbursement for behavioral or mental health services with an "out-of-network provider"?

This could be a percentage (ie. 50-75%) or a fixed rate (ie. $90 per session) or a combination (ie. 50% whatever is considered "reasonable and customary").

2. Is there a deductable?

You might have to pay out-of-pocket until you reach a specific deductable before being reimbursed.

3. Are there any limits to the number of sessions covered?

Some policies restrict the number of sessions allowed during one calendar year. On occasion some insurance carriers will allow you to apply for an extension or increase in services if you meet "clinical necessity". Therefore ask:

4. Is it possible to extend or increase the number of services offered if there is sufficient clinical need?

5. What are the procedures and time-frame for submitting a claim?

Always ask for the exact procedures for submitting a claim. All insurance companies have their own process. Some have special forms, some want the therapist to be "precertified", submit their license or sign specific documents. All have a time limit in which they will accept a claim.

6. Your insurance company will request a Procedure Code (CPT Code) for your psychotherapy services, which is 90834 for psychotherapy or 90834-95 for Tele-mental Health. They also require a Diagnosis Code (DSM-V), which can only be provided after an initial consultation.

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