



INSTRUCTIONS FOR CALLING YOUR INSURANCE COMPANY ABOUT DEDUCTIBLES & PREAUTHORIZATIONS

It's often good practice to call your insurance provider to check whether my practice is in network for your policy, as well as deductible status. A deductible basically means you pay for services until a certain amount of money is met. It's almost like not having insurance temporarily. Preauthorizations require a provider to call the insurance company prior to services to receive approval.

If your policy has a deductible it could apply to medical, behavioral health, or both. Sometimes policies have deductibles that affect both and sometimes it only applies to medical. And this can change with each renewal year.

If you call your insurance company, ask to speak to a behavioral health case manager, and explain that my in network practice (they can search using my practice name or first/last name) will be using billing CPT code 90791-95 for your first session. Practice name Newpol Psychological Services PLLC (Sherri Newpol is provider) and the "95" designation informs the insurance carrier it will be a telehealth session. The "90791" part (psychiatric diagnostic evaluation) informs them that this is an initial session, and this code is used universally by ALL mental health providers even though it is for a counseling session. They will be able to tell you if the deductible applies and/or what you will have to pay for each session until the deductible is exhausted. Also find out what your copay will be for each session once you are finished paying the deductible.

If you are an existing patient and calling to see if your policy will change at the beginning of the year, you will ask about CPT code 90837-95 instead of the one mentioned above. This code stands for "psychotherapy 60 minute session" for an existing patient.

In summary, please get the name of the customer service rep you speak with and write down these 4 answers the insurance company provides and let us know:

1. Preauthorization required?
2. If there is a deductible for behavioral health, how much is it?
3. If there is a deductible, how much will you pay for each session until it runs out?
4. Once the deductible runs out, what is the copay for each session?

Thanks for your understanding.