

RNLF Counseling Services

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Mental Health Benefit Guide

Our office will verify your benefits before you schedule an appointment with one of our therapists however; quoted benefits are **never a guarantee of payment** so we do encourage all patients to verify their mental health benefits to avoid any delay or denial in claim payment. This question list is to help you verify benefits when calling your insurance plan.

Whenever you call your insurance plan for benefits or claims questions it is important that you **log the representative's name, the date and time that you called, and a reference number for the call.** Keep this information until all claims are paid in case an issue arises in the future.

Out Patient Therapy:

1. Is my plan currently active? What is the date range of coverage under my plan?
2. Do I have outpatient mental health benefits?
3. Is the therapist that I am interested in a part of my insurance plan network?
 - a. If no, what are my **out of network** mental health benefits?
4. Do I have a **deductible** (a specified amount of money that the insured must pay before an insurance company will pay a claim) does it apply to mental health services? If so how much has been applied? Make sure to ask about all deductibles some plans have an individual deductible, and family deductible or a separate mental health deductible.
5. What is my financial responsibility? Do I have a **copayment** (fixed amount paid at the time of service) or **Coinsurance** (your share/percentage of the mental health care cost)?
6. Do I have an **out of pocket maximum** amount (An out-of-pocket maximum is the most you'll have to pay during a policy period (usually a year) for health care services. Once you've reached your out-of-pocket maximum, your plan begins to pay 100 percent of the allowed amount for covered services)? If so, how much has been applied?
7. Are there any **session limitations** (number of visits allowed or type of visits allowed)?
8. Is **authorization** or **precertification** required for outpatient mental health services?
9. Do I have any **exclusions** on the policy? (i.e. psychological testing, couples therapy, etc)
10. Do I need a referral to see a therapist?

Additional Questions for Psychological Evaluations:

10. Does my plan cover psychological evaluations (if the representative asks for a procedure code give him/her **96101**)?
11. Are there any exclusions in the policy related to psychological evaluations? Examples of some exclusions are: ADHD/ADD, learning disorders, developmental disorders, educational evaluations, custody or court ordered evaluations
12. Is authorization required for psychological evaluations?