



HOW TO FILE AN INSURANCE CLAIM

Depending on your insurance plan, services provided by our behavioral health specialist may be considered OUT OF NETWORK BY YOUR INSURANCE. If so, please see the information below regarding submitting a claim to your insurance. If you have additional questions after viewing, you may contact our office for further support.

Filing for reimbursement for behavioral therapy is actually very simple! You can do it online or by mail. Here's how.

FILING YOUR CLAIM ONLINE:

It's very likely that you can file your claims for reimbursement online, on your insurance company's website.

- 1) Sign into your account on your health insurance company's website.
- 2) Find "Submit a claim online".
- 3) Fill in the info they request.
- 4) Scan and upload a copy of your therapist's bill.

That's it!

Here's the info they'll request — all of this will be on the statement your provider gives you:

- Provider's name and address
- Provider's tax ID number (might be TIN, EIN, FEIN, or SSN)
- Diagnosis code ("ICD") — for example, "F41.1" for Generalized Anxiety Disorder
- Procedure code ("CPT") — for example, "90834" for Individual Psychotherapy, 60 minutes

FILING YOUR CLAIM BY MAIL:

If you aren't able to file your claim for reimbursement online, you'll fill in a paper claim form, attach a copy of your therapist's bill, and mail it to your insurance company.

You can find the claim form on your insurance company's website, where you can print it out. (Some insurance companies use a different claim form for behavioral therapy — it might be called a "behavioral health" claim form.)

Helpful Hint: If you've already paid your therapist, and you're filing for reimbursement, write in bold letters (and highlight) on the claim form, "PATIENT HAS ALREADY PAID PROVIDER — PLEASE REIMBURSE PATIENT".

Diagnosis. You'll enter this as a code, which will be on your therapist's invoice, probably next to the abbreviation "ICD-10" — for example, "ICD-10: F41.1".

Place of service. For therapy in your provider's office, the code will typically be "Office," which is code "11."

Description of Services, or CPT. "CPT" is the code for what kind of service your therapist provided, and should be on your provider's invoice. For example, "Individual Psychotherapy, 60 minutes" is "CPT 90834."

Your therapist's NPI number. If your therapist has one, it'll be on their invoice. If they don't, the insurance company will still process your claim; just write "none."

Provider's signature. Fill this in with "See attached invoice." Most of the time, this is sufficient.

Assignment. Don't sign anything that says "authorize assignment", since you've already paid your therapist and are filing for reimbursement. If you authorize or assign your benefit, that means the insurance company will send payment to your therapist instead of you.