



Catherine T. Harvey Center *for*  
**CLINICAL SERVICES**

## Out-of-Network Insurance Reimbursement Guide

CHC is considered an out-of-network provider by all commercial insurance plans for outpatient services. CHC provides a monthly superbill so that you can work with your insurance provider to seek reimbursement as we never want finances to be a barrier to accessing the best-in-class care you and your family deserve.

To assist you with receiving reimbursement for your services, we have created this document to guide you in determining your out-of-network reimbursement benefits. In some cases, a portion of the services may be reimbursed, so we recommend going through the steps below to understand your plan's benefits.

Knowing your out-of-network insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. As we do not bill your insurance for you or receive any reimbursement from your insurance company, payment in full is due at each visit. Your insurance company will directly reimburse you for any covered services.

### Preparing for the Call

Plan to have 15-30 minutes of your time available to call your insurance company. Please note that there may be different phone numbers to call to inquire about insurance benefits related to psychiatry vs other mental health services. These numbers are typically published on the back of your insurance card.

Make sure to have this information ready before your call:

- Insurance card
- Name, date of birth, address, phone number, or possibly social security number of the cardholder or person for whom the services are for
- Pen and paper/notepad

The insurance carrier representative may ask for the following information:

- **Company Name:** Children's Health Council
- **Tax ID (EIN):** 94-1312311
- **Address & NPI Number of Agency:**
  - Palo Alto Location:
    - 650 Clark Way, Palo Alto, CA 94340
    - **NPI #1144361734**
  - South Bay Location:
    - 1900 The Alameda, Suite 400, San Jose, CA 95126
    - **NPI #1326861691**
- **Phone Number:** 650.688.6325
- **Email:** [careteam@chconline.org](mailto:careteam@chconline.org)

**Tip:** Ask the representative to document your call in their system and provide a reference number. If possible, request a written summary (email or letter) of your out-of-network reimbursement benefits.

Document the following during your call:

- Name of Customer Service Representative
- Date/time of call
- Reference number
- Summary of what you were told (e.g., deductible, reimbursement rate, exclusions, etc.)

## Questions to Ask Your Insurance Provider

*Please note that coverage and requirements can vary depending on the type of service (e.g., therapy, evaluation, speech, occupational therapy, psychiatry). Be sure to ask these questions for each service you're considering.*

### Coverage and Eligibility

- Does my plan include out-of-network benefits for this type of service?
- Does my plan reimburse for services provided by an out-of-network clinician?
- Is there an annual deductible for out-of-network services? If so, how much?
- How much of my deductible has already been met?
- What percentage of the session fee will be reimbursed after my deductible is met?
- What is my coinsurance or copay for these services?
- Is there an annual or lifetime limit on the number of sessions or visits covered?
- Are there any exclusions for specific diagnoses or service types (e.g., learning disorders, developmental delays, ADHD)?
- Does my plan cover telehealth services? If yes, are reimbursement rates the same as in-person visits?

### Pre-Authorization and Referrals

- Does my plan require pre-authorization for this service?
  - If yes, what steps do I need to take to obtain authorization?
  - If authorization is approved, how long is it valid (e.g., 6 months, 1 year)?
- Does my plan require a referral from a primary care physician?
- Do I need separate authorizations for evaluation and treatment?

### Billing and Reimbursement Process

- Can I submit a Superbill for reimbursement?
  - If yes, what is the process for submitting it?
  - Are there additional forms I need to include?
  - Can I file my claim online, or must it be mailed or faxed?
  - Is there a deadline for submitting claims after the date of service?
  - How long does it typically take to process a claim?
  - How can I appeal if a claim is denied?
- Which CPT codes are covered for my plan? (see next section for a list of our commonly used CPT codes)
- Is there a different reimbursement rate for different CPT codes?
- Does the plan require specific documentation for reimbursement (e.g., provider credentials, treatment plan notes)?

### Policy Details

- What is the policy year for my plan (e.g., January 1 – December 31)?
- Is there a maximum out-of-pocket amount per year? If so, what is it?
- Does my plan reset annually or on a rolling basis (e.g., based on enrollment date)?
- Are there any coverage changes expected in the upcoming plan year?

## Other Helpful Questions

- If my child is covered under two plans (e.g., both parents' insurance), which plan is primary? How do I coordinate benefits between multiple insurance plans?
- Does my plan cover parent or family sessions as part of my child's treatment?
- Are out-of-network providers reimbursed at a percentage of a set rate or the provider's actual fee?
- Can you send me a summary of benefits for behavioral health services in writing (email or mail)?

## CPT Codes

The representative may ask for Clinical Procedure Terminology (CPT) codes to determine reimbursement rates. Below are CHC's most commonly used codes. Your superbill or clinician can help identify which apply to you.

*Please note: The CPT codes listed are those most commonly used by our clinicians. Actual codes billed may vary depending on the specific services provided. This list is not exhaustive, and inclusion on this list does not guarantee that a particular code will be used for your visit.*

### Most Commonly Utilized CPT Codes for Treatment

#### **Psychotherapy**

Parent Consultation/Intake	90791
Individual Psychotherapy (16-37 min)	90832
Individual Psychotherapy (38-52 min)	90834
Individual Psychotherapy (53+ min)	90837
Family Therapy (without client)	90846
Family Therapy (with client)	90847
Group Therapy	90853
Multifamily Group Therapy	90849

#### **Speech/Language Therapy**

Individual Speech/Language Therapy	92507
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#### **Occupational Therapy**

OT Therapeutic Activity, Functional	97530
OT Treatment, Sensory Processing	97533
OT Self-Care, Activities of Daily Living	97535

### Most Commonly utilized CPT codes for Evaluations

#### **Psychologist/Neuropsychologist**

Parent Consultation/Intake	90791
Testing & Scoring	96136/96137
Interpretation & Report Writing (e.g., interpretation, single discipline feedback, report writing)	96130/96131 or 96132/96133
Record Review	90885
School Observation/IEP Attendance	90882
Case Management/Coordination (e.g., consultation with other providers)	90899
Collateral Feedback (e.g. team feedback to parents, teachers)	90887

### **Speech and Language Pathologist**

Eval Speech Fluency	92521
Eval Speech Sound Prod	92522
Speech Sound production w/ lang comp. and express	92523
Beh/Qual Analysis of Voice and resonance	92524
Case Management (including case consultations and feedback sessions)	92700

### **Occupational Therapist**

OT Eval – Low	97165
OT Eval – Mod	97166
OT Eval – High	97167
Case Management (including case consultations and feedback sessions)	97799

### **Most Commonly Utilized Codes for Psychiatry**

We also use many of the individual and family therapy codes above, depending on the services provided.

#### **In-Person Services - New Client**

OP Visit w E/M, NEW (16-25 min)	99202
OP Visit w E/M, NEW (26-35 min)	99203
OP Visit w E/M, NEW (35-52 min)	99204
OP Visit w E/M, NEW (53+ min)	99205

#### **Med Eval/Diagnosis - New Client (telehealth or in-person)**

Med Eval/Diagnosis	90792
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#### **Telehealth Services - New Client**

Synchronous AUDIO-VIDEO E/M, NEW CLIENT	98000-98003
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#### **Audio/Phone Services - New Client**

Synchronous AUDIO only E/M, NEW CLIENT	98008-98011
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#### **In-Person Services - Follow-Up**

OP Visit w E/M, EST (16-22 min)	99213
OP Visit w E/M, EST (22-35 min)	99214
OP Visit w E/M, EST (36+ min)	99215
OP Visit w E/M, EST (5-7 min)	99211
OP Visit w E/M, EST (8-15 min)	99212

#### **Telehealth Services/Follow-Up**

Synchronous AUDIO-VIDEO E/M, EST CLIENT	98004-98007
Brief AUDIO &/or VIDEO E/M, EST CLIENT	98016

### **Audio/Phone Services – Follow Up**

Synchronous AUDIO only E/M, EST CLIENT	98012-98015
Brief AUDIO &/or VIDEO E/M, EST CLIENT	98016

### **Outpatient Consultation (in-person/telehealth)**

OP Consultation New/Est Client (15-22 mins)	99241
OP Consultation New/Est Client (23-35 mins)	99242
OP Consultation New/Est Client (36-50 mins)	99243
OP Consultation New/Est Client (51-70 mins)	99244
OP Consultation New/Est Client (71+ mins)	99245

### **Therapy Add-On Codes**

Psychotherapy Add-On	90833, 90836, 90838
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### **Other Codes**

Case Management	90882
Interactive Complexity	90872

## Frequently Asked Questions

### **Will CHC complete a preauthorization form if required by my insurance company?**

Unfortunately, no. These forms typically ask questions about the diagnosis, recommended treatment, provider social security number, etc. This is either information we do not know yet before we have started services or information we are unable to provide.

### **If my insurance company agrees to treat CHC as an in-network provider, can you bill them?**

Unfortunately, no. Each insurance company has its own billing systems and requirements. While in-network providers can bill directly, CHC remains out-of-network and cannot submit claims on your behalf.

### **What if my insurance will not reimburse for the whole amount charged by CHC?**

Most insurance companies will not cover the full rate. They may pay none, some, or all. You'll need to work with your insurance company and review your coverage benefits for out of network providers to determine what level you will be reimbursed.

### **Can the superbills be adjusted at the request of an insurance provider to help make the claim more reimbursable?**

No. We can correct billing errors, but we cannot change service type, duration, location, or CPT codes once the superbill has been issued.

### **I have a question about my superbill. Who do I contact?**

If you have any questions about your billing statements, you may contact our Business Office directly at [billing@chconline.org](mailto:billing@chconline.org).