



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, the total cost of the evaluation and/or therapy session 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:
 - 2280 Kenwood Ave, San Jose, CA 95128
 - NPI #1235669219
- Phone Number: 650.688.6325
- Email: careteam@chconline.org

Information to Document During the Call

- Name of Customer Service Representative
- Date of call
- Time of call
- Reference number

Questions to Ask Your Insurance Provider

Please note that the answers to these questions can be very different dependent on the service. Ensure that you ask these questions in reference to every service you are considering.

- Does your plan reimburse for services performed by an out of network provider?
- Does your plan include “out-of-network” coverage for your specific service (individual therapy, evaluation, speech, OT, psychiatry)?
- Is there an annual deductible for out-of-network therapy? If so, how much?
- How much of my out-of-network deductible has been met?
- Is there a limit on the number of sessions your plan will cover per year? If yes, how many?
- Is there a limit on out-of-pocket expenses per year? If so, how much?
- What is your coinsurance percentage/copay amount for therapy?
- Does your plan require pre-authorization for therapy? What are the steps to obtain pre-authorization?
- Does your plan require a referral for therapy?
- What is the policy year (i.e., Jan 1 – Dec 31)?
- Can I submit a Superbill? If so, what is the process for filing a claim with a Superbill?
 - What additional forms do I need to submit when filing my claim?
 - Can I file my claim online, or do I need to mail/fax it to you?
 - Do claims need to be filed within a specific time frame following the service?
 - How long does it take to process my claim?
 - How do I appeal if a claim is denied?

CPT Codes

The representative may ask for a Clinical Procedure Terminology (CPT) code for the service you plan to receive to find out your reimbursement rates. Please note that the CPT codes for services are as follows (you can refer to your superbill, or your clinician can help you determine which CPT codes apply to you):

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
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Speech/Language Therapy

Individual Speech/Language Therapy	92507
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Occupational Therapy

OT Therapeutic Activity, Functional	97530
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OT Treatment, Sensory Processing	97533
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OT Self-Care, Activities of Daily Living	97535
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Most Commonly utilized CPT codes for Evaluations*

Neuropsychologist

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

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

Speech and Language Pathologist

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

Occupational Therapist

OT Eval – Low	97165 (Eval codes include intake, record review)
OT Eval – Mod	97166
OT Eval – High	97167
Case Management	97799 (including case consultations and feedback sessions)

Most Commonly Utilized Codes for Psychiatry*

Psychiatry

E/M to Patient of Family, Phone (11-20 min)	99442
E/M to Patient of Family, Phone (21+ min)	99443
E/M to Patient of Family, Phone Only	99441

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
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/Diag	90792
Case Management	90882
Psychotherapy Add-On	90833, 90836, 90838
Interactional Complexity	90872

*This reference is given as a courtesy of our most commonly used codes; CHC does not accept private insurance or guarantee the use of any or all of these codes for treatment.

Frequently Asked Questions from Clients to CHC

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 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 different ways to submit claims and CHC can not determine what those are for each client. In network providers usually get more reimbursed, which is great, but we still can't send in the bill for you.

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 providers 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?

Unfortunately, no. If there is an error in the superbill, we will correct it, but we cannot alter the service type, length of service, location of service, or CPT code after the fact.

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.