

Here are some questions to ask your insurance provider to determine whether or not you have Out-Of-Network benefits:

- Do I have out-of-network benefits for mental health services provided via telehealth?
- What is my yearly deductible? Has it been met? Do I need to meet my deductible for my Out of Network benefits to begin?
- How many sessions does my plan cover per year?
- How much does my insurance plan reimburse for an out-of-network provider for CPT codes 90791, 90834, 90837 with the code and modifier 95 MAT for telehealth added to each of those codes?
- Do I need prior authorization? Can I provide that now?
- Do I need approval from my Primary Care Physician?
- Is there anything else that is required that I haven't addressed?

**Your HSA benefits are separate from your insurance coverage and can be used as payment for therapy services.