

Filing Out-Of-Network: How To

Step 1: Gather Information

Call the customer service number on the back of your insurance card. If you do not have a card, go to your provider's website and there should be a list of contact numbers. Be prepared to give them the following information:

Patient Information:

- Subscriber's Member ID
- Subscriber's full name
- Subscriber's date of birth

Provider Information:

- Provider's name, phone number, and address
 - Dr. Arwen Podesta, Tricia Brown, Mary Buckley (Tori), Enrica-Anne Montalbano
 - 504.252.0026
 - 4322 Canal St. New Orleans, LA 70119
- Provider's NPI Number
 - Dr. Podesta - 1194914598
 - Tricia Brown – 165952051
 - Mary Buckley (Tori) - 1912436346
 - Enrica-Anne Montalbano-1164849568

Step 2: Call Insurance Provider

Call your insurance company and choose the option that indicates that you are the "card holder" or "member". Please note that you are calling about "Benefits and Eligibility". In order to save time, if it's a voice operated system, you can repeat the word "Representative", and get someone a bit quicker. Or, you could try hitting "0" over and over in an attempt to get a human on the line, as well. Once you get a representative, inform them that you are calling to verify "**Out-Of-Network Benefits**". Also specify that it is for "**Mental Health out-patient office visits**".

Deductibles

The representative may inform you that you must meet a deductible before any out-of-network benefits can be used. Ask them what your deductible is (or you may already know), and how much has been met. Ask if it's based on a calendar year, or on a renewal-date basis. Then you will know how much longer you have to meet your deductible. Sometimes, out-of-network claims will go towards your deductible, so you can ask about that too.

Copays/Percentages

Your out-of-network benefits may reimburse you for all, or some, of your costs. This may depend upon your copay (a set amount paid for all visits), or a percentage that is applied to the visit cost. By using the chart below, you can ask the representative how much they will reimburse you based on these CPT codes:

Psychiatry Visits	Reimbursement Amount	Therapy Visits	Reimbursement Amount
90791: Initial Appointment		90791: Initial Appointment	
90832: 20-30 min. follow-up		90837: 60 minute apt.	
		90846: Family w/o patient	
		90847: Family w/ patient	

Massage Therapy	Reimbursement Amount
97140: Massage Therapy-15 minute increments	
97010: Hydro Therapy (hot and cold pack therapy)	

Step 3: Documentation Needs

Ask what documentation is needed in order to file the claims. Most of the time you will need: Date of Service, CPT Code (in chart above), and all Diagnosis Codes in order to file the claim. You may use the fillable PDF claim form found on our website, or you can ask them to send you some claim forms. Be sure to get the correct mailing address where the claims need to be sent. You may need our tax ID number which is: 45-3110486.

Step 4: Fill out Claim Form and Send Off

Fill out your claim form, and if you're using the fillable PDF version you can save it to your desktop and edit it for future visits. You can reference our sample 1500 form, as well as read through our "Filling out a 1500 Form" document. Make sure to include all documentation requested by your insurance provider, and mail it off.