Superbill Information & Insurance Script

Overview

This is a guide for you to use to call your insurance company to verify if you receive out-of-network coverage. If you do have out-of-network coverage, you can request that we send you what's called a "superbill." A superbill which is essentially a detailed receipt that you'll submit to your insurance company to request reimbursement. Please note, there is no guarantee that they will reimburse. If you'd like to receive a superbill, please do the following:

- For therapy - let us know when you complete the onboarding google form, or if you decide after starting therapy - let your clinician know.
- For Assessments - You'll complete a google form once you've completed your assessment, and there will be a question on that form.

Verifying your health insurance coverage can be confusing! We recommend you contact your insurance company before booking a consultation with us. You should also verify benefits once a year or whenever your policy changes. This checklist will help you know what to ask about coverage with The Divergent Grove Therapy LLC.

Make sure to get answers to all of the questions below. You can also use this form during your open enrollment period when you're reviewing your health insurance options and selecting a new plan (whether you're going through your state's exchange or your employer). To ensure you get all the information you need from your conversation to verify benefits, we have included a phone script in this PDF. Have the following information ready before you begin your call.

General Information

Provider's Name/Company	The Divergent Grove Therapy LLC Alexandra "Alex" McLaughlin
Your Insurance Company's Information	Today's date: _____ Representative's name: _____ Insurance company name: _____ Customer service phone number: _____ Script: "I'm going to see Alexandra "Alex" McLaughlin at The Divergent Grove Therapy LLC and am calling to verify my benefits. First, I'd like general information about my plan.
Detailed Insurance Information	• Policy effective date: _____ • Does my policy provide reimbursement for out-of-network providers given a superbill is submitted? _____ • Does my policy provide reimbursement for a complete telehealth assessment? _____ • What amount does my policy reimburse? _____ • Do I need a referral for The Divergent Grove Therapy? (If yes, who needs to refer me?) _____
The Divergent Grove Therapy Information	Diagnostic Codes: • F84.0 for Autism • F 90.0, F90.1, or F90.2 for ADHD • F42 for OCD NPI: • NPI Type 2: 1811870306 • Alex: 1578247599 Tax ID: 39-2639348 Billing address:

	• The Divergent Grove Therapy 7851 Metro Pkwy #115 PMB1099 Bloomington, MN 55425

Assessments

Limit	• Is there a limit on the number of diagnostic assessments per year? _____ • If yes, how many diagnostic assessments per year? _____
Authorization	• Is authorization required for diagnostic assessments? _____ • Are intake evaluation services delivered via Telehealth covered? _____

Codes For Assessments

Review each code with the Representative and ask if the code is covered, how many of each is covered, and the percentage of cost covered:

CPT CODE (Modifier for telehealth)	DESCRIPTION
90791 (95)	Diagnostic Interview / Initial Intake “Diagnostic Assessment”
90791 (95)	Feedback Session (60 minutes)

Therapy

Authorization	• Do you reimburse for out-of-network providers? _____ • Is authorization required for individual therapy? _____ • What are your rates of reimbursement? _____
Limit	• Is there a limit on the number of sessions per year for out-of-network providers? _____ ○ If yes, how many individual therapy sessions per year? _____

Codes For Therapy

Review each code with the Representative and ask if the code is covered, how many of each is covered, and the percentage of cost covered:

CPT CODE (Modifier for telehealth)	DESCRIPTION
90791 (95)	Diagnostic Interview / Initial Intake "Diagnostic Assessment"
90834 (95)	Psychotherapy (with patient: 38-52 mins)
90832 (95)	Psychotherapy (with patient: 16-37 mins)
90837 (95)	Psychotherapy (with patient: 53+ mins)
90846 (95)	Family psychotherapy without patient present (26+ mins)
90847 (95)	Family psychotherapy with patient present (26+ mins)
90853 (95)	Group psychotherapy

Notes

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