

A Detailed Explainer For Out-Of-Network Reimbursement

Here are the steps to take to possibly get some reimbursement for services from your insurance. If your insurance reimburses you for any of the cost associated with a session, it would be money that is mailed directly to you from your insurance company. Below are the steps to seek reimbursement.

Step 1:

Every private health insurance company and health plan is different. To get started, please call the customer service number on the back of your health insurance card. This call often takes only 5 or 10 minutes, depending on hold times.

You'll want to write down their answers to four specific questions:

- 1) Do I have out-of-network benefits for mental health counseling?
- 2) What is my annual out-of-network deductible (the amount of money you have to spend before these benefits begin); and have I met any of this deductible yet this year?
- 3) What is my plan's allowable amount for an out-of-network family therapy session? Give them CPT Code 90847.
- 4) And finally, what is my out-of-network reimbursement rate for family counseling? Again, this is CPT Code 90847.

Step 2:

Fortunately, the math is easy to determine what your cost share will be.

A) Deductible:

Let's say your out-of-network deductible is \$500. This simply means you will need to spend \$500 before your reimbursement benefits begin. Easy and straightforward. Depending on how your plan is structured, you may have already met some or all of that cost through other medical expenses.

B) Allowable Amount:

What is your allowable amount for an out-of-network family therapy session (CPT Code 90847)?

Let's say you learn that your insurance company sets the allowable amount for family therapy (CPT Code 90847) at \$150. This is your math starting point for an easy calculation.

C) Your Plan's Reimbursement Rate:

What is your reimbursement rate for out-of-network family counseling (CPT Code 90847)?

If your plan offers 60% reimbursement, you would just calculate what 60% is of \$150 (step B). In this

example, you would get \$90 mailed to you for each session you did with us after meeting the deductible.

FAQs

1) Do you submit this for us or do we have to submit it to our insurance company?

I am not able to submit it to your insurance company, so you will have to handle that, but I try to do what I can to make the process as easy as possible for you. At the end of each month, I will send you a superbill for you with ALL the information your insurance company needs.

2) Does Medicare or TriCare or other government insurances do out-of-network?

Unfortunately, most government health insurance providers do not offer out-of-network benefits. It still might be worth checking in with them, but most people who have TriCare pay our full out-of-pocket fees.

3) What if I have an HMO plan?

You'll want to call your HMO provider and see if they will approve you for my services. Sometimes you can get reimbursement from an HMO for 8 or 12 family sessions.

4) Does this require you to give one of us a diagnosis?

Yes, if you go in-network using your insurance or out-of-network submitting receipts, both will require a diagnosis. Seeing us on an out-of-network basis and not submitting to insurance is the only way to not need a diagnosis. If you want insurance reimbursement, I will give one of you a diagnosis.

5) Will this affect my clearance?

On the SF-86 form for a clearance, couples counseling is exempt from further questioning. Individual counseling does need to be disclosed if it meets certain criteria (which we can discuss as it is also rare). Individual counseling impacting clearance is extremely rare. Please see handout on clearance and counseling.