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## Guide to Understanding Your Out-of-Network Health Insurance Benefits

Many insurance policies include coverage for services with providers who are not within the insurance company's network.

If you wish to learn whether you have this type of coverage, call the Member Services phone number on the back of your insurance card and ask for details about your **out-of-network coverage for outpatient mental health services**. PPO plans typically have out-of-network reimbursement, while HMO plans do not. Medicare will not reimburse out-of-network and require that clients 65 and older sign an agreement not to submit claims for reimbursement.

If you have out-of-network coverage, call your insurance company to learn what **percentage of their maximum allowable amount** will be reimbursed. This percentage will be based on what the insurance company is willing to pay for psychotherapy services, which may be a lower amount than the therapist's actual rate. The insurance representative will ask for the CPT code to look up the allowable amount. The CPT for the initial intake session is 90791; the CPT code for individual therapy is 90834; the CPT for relationship therapy (sessions including two or more clients) is 90847. With this information, you can calculate your out-of-pocket cost after reimbursement.

Ask whether your policy will reimburse for **teletherapy** sessions, the billing codes above would also include a "modifier" code. If your policy will cover these sessions, **ask whether the modifier code is "GT" or "95."** When you complete your insurance claim form, the "location code" for telehealth is 02. Not all insurance companies will require a modifier, but most do reimburse for teletherapy.

Ask **whether your out-of-network benefit has a deductible** and if so, what the amount of your deductible is. You may also want to ask whether the deductible for out-of-network benefits is combined with any deductible you may have for in-network coverage. You can also learn whether your cost is applied toward your maximum out-of-pocket cost for the plan year.

When my clients have out-of-network coverage, the cost of therapy is still due the morning of your session. I provide "superbills" through IvyPay, which is the HIPAA compliant text service I use to take payments. You will receive your receipt and superbill on the same day of the session, so claims for reimbursement can be filed in a timely manner. **Individual sessions are \$200, and relationship sessions, either conjoint or concurrent are \$250.** Each additional person is \$50 per session.

Ask your insurance company to tell you about the submission process, including where to find the behavioral health claim form, the claims mailing address, and the length of time involved in processing to reimburse you.