



## Health Insurance Out-of-Network

This is an informational resource page for you to support you in exploring out-of-network reimbursement from your insurance company.

### What questions should I ask my insurance company?

Call the number on the back of your insurance card for the Benefits Department. Write down every answer you receive. Don't be intimidated. Ask for explanations of anything you don't understand. Ask to speak to a supervisor if you are not happy with the answers you are getting. You'll need careful records later if the company fails to follow through with what they've told you.

- 1) What is your name and extension number? \_\_\_\_\_
- 2) Does my policy cover *Out-of-Network, Licensed Clinical Social Workers*?  
\_\_\_yes \_\_\_no
- 3) My therapist is willing to provide a statement of Session Dates Attended, the CPT code, and the Diagnosis. Is this acceptable to the insurance company?  
\_\_\_yes \_\_\_no
- 4) Does my policy cover Telehealth for Individual Psychotherapy? (CPT code 90834-95) \_\_\_\_\_  
\_\_\_yes \_\_\_no  
Telehealth for Group Psychotherapy? (CPT code 90853-95) \_\_\_\_\_  
\_\_\_yes \_\_\_no
- 5) Does my policy cover Individual Psychotherapy? (CPT code 90834) \_\_\_yes \_\_\_no  
Group Psychotherapy? (CPT code 90853) \_\_\_yes \_\_\_no
- 6) What mental health *Diagnoses* are NOT reimbursable?  
\_\_\_\_\_
- 7) How many Sessions are covered per year? \_\_\_\_\_
- 8) What is the *Lifetime Maximum* for mental health benefits? \$ \_\_\_\_\_
- 9) What is my *Out-of-Network Deductible*? \$ \_\_\_\_\_
- 10) What is the *Allowed Amount* of the fee?
  - a. Individual session (My fee is \$140, CPT codes are 90834 and 90834-95): \$ \_\_\_\_\_
  - b. Group session (My fee is \$60, CPT codes are 90853 and 90853-95): \$ \_\_\_\_\_

*Many insurance companies will reimburse a percentage of the total fee paid. For example, your company may reimburse you 80% of the total fee paid. Other companies will substitute the \$140 fee for what they deem appropriate, regardless of what you paid. For example, your company may say that they will reimburse you 80% of the "allowed amount" of the fee. You paid \$140 for an individual session, but your insurance company only allows \$60. Therefore, you will be reimbursed 80% of \$60, or \$48. They may try to withhold this information from you and can legally do so. Ask to speak to a supervisor and say that you cannot plan your medical expense budget without this number.*

- 11) What percent of the *Allowed Amount* will be reimbursed? \_\_\_\_\_%
- 12) How do I file a claim? \_\_\_\_\_

### ***Important Considerations***

- ∞ Insurance reimbursements will vary from month to month:
  - At the beginning of your therapy, there will be a wait until your insurance company begins to pay your benefit.
  - In January of each year, you will not get any money back until your deductible is met. If you apply other family medical expenses to your deductible, you will start getting benefits sooner, and more of your therapy will be paid for.
  - Toward the end of the year, your insurance reimbursements will stop if the number of sessions is limited.
- ∞ Your out-of-pocket medical expenses can be minimized if your employer offers a pre-tax medical "flexible spending account."
- ∞ Ask your accountant about taking a medical tax deduction for psychotherapy.
- ∞ You may save money with an insurance plan that has a higher premium, but better benefits for out-of-network therapy (called *Preferred Provider Organization*, or *PPO*).
- ∞ Beginning January, 2010, new legislation will require many insurance plans to provide the same benefits for mental health as for physical health, with many of these limits removed—very good news!