TIPS FOR MANAGING OUT OF NETWORK INSURANCE FOR PSYCOTHERAPY

Be your own expert on your insurance benefits. I encourage you to become an informed consumer. Once you become knowledgeable about your basic benefits, you will better navigate insurance mistakes and phone calls with incorrect information. Please note that I am an Out of Network Provider, so this means are solely responsible for insurance navigation, reimbursement and billing.

Know your Basic Benefits
Procedure Code for Office Visit Psychotherapy: 90834
Procedure Code for the Initial Visit: 90791
Procedure Code for Family Therapy: 90847

Out of Network Deductible: This is the amount that you must pay out of pocket before the company will reimburse you.

Co-Insurance: Once you have met your Deductible, this is the amount that the insurance company will pay for the service. Please note that this percentage is based upon the, "Allowed Amount." This means that the insurance company will cover 70% or 80% of what they decided. Sometimes this is my full amount but for some plans it is not. Please make sure that you ask.

Co-Payment: Once you have met your Deductible, some companies will have a flat fee for reimbursement INSTEAD of coinsurance. For example, they may pay $50 for each session.

Insurance Fiscal Year: Most plans run from January 1 of the year to the following December 31. When the fiscal year is through, your benefits will begin again.

Estimate of Benefits (EOB's): This is the form which accompanies your payment (or lack of payment if they denied claims)

Contacting Your Insurance Company
1. Call Your Insurance Company: determine necessary forms and the fax number.

2. Receipts: Fax my receipts along with the appropriate forms.

3. Follow up with insurance claims: They are often denied because of a lack of follow up in this process. You will need to call the company, confirm that they received the appropriate forms, and call again to ensure processed claims.

Reviewing your Estimate of Benefits (EOB's)
1. Always Review Your EOB's: This form tells you what is covered what is not. Mistakes in reimbursement are common. As a result, if you want to receive full reimbursement, you will want to stay on top of payment.

2. Claim Denial: Save your EOB's; you will need these forms to discuss payment. If claims were denied, you have the right to appeal. Unfortunately, denial is common and is often the result of incorrect information on behalf of the insurance company. However, this does not mean that you will not receive coverage. If you are an informed consumer, you will be prepared to address these concerns with the insurance company. If the insurance operator does not seem to provide appropriate information as listed above, please ask for a supervisor.

3. Utilize Your Human Resource Department: Patients have found that claims are more likely to be paid if you request a call with your Human Resource Department. This is a luxury of having such access.

Due to recent changes to the Mental Health Parity Act, Mental Health Services are now covered at an all-time high. I encourage you to make an effort to receive the reimbursement that you deserve.

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