



LET'S TALK

with ASHLEY PORCELLI

READY TO EXPLORE THE BENEFITS OF THERAPY?

Let's Talk Navigating Out-of-Network Benefits

CHECK YOUR OUT-OF-NETWORK BENEFITS

First, locate your insurance plan's Summary of Benefits (you'll find this on your insurance company's website or member info packet). [Here are a couple of terms to understand:](#)

OUT-OF-NETWORK DEDUCTIBLE:

This is the amount you must pay out of pocket before your insurance kicks in for reimbursements. For example, if your deductible is \$1,000, you'll pay the first \$1,000 of your therapy costs. Once you hit that, your insurance starts to chip in!

COINSURANCE:

This is the percentage of each session fee that you're responsible for. To keep things simple, let's say my cost per session is \$200, and after checking your benefits, you found out your coinsurance is 25%. You'd pay the full \$200 upfront, but once you've met your deductible, your insurance will reimburse you \$50!

Tip: Insurance companies sometimes have an "allowed amount," or the maximum rate they'll reimburse. So, if your plan allows \$100 per session and the cost of your session was \$200, you'll still get reimbursed up to \$55 (at a 25% coinsurance rate).

VERIFY YOUR BENEFITS WITH YOUR INSURANCE COMPANY

Call the number on the back of your insurance card, and ask these important questions:

DO I HAVE OUT-OF-NETWORK OUTPATIENT MENTAL HEALTH COVERAGE? CAN I USE THESE BENEFITS FOR TELEHEALTH?

You'll need to check with your insurance provider, but many plans cover out-of-network mental health services, including telehealth sessions. Call Member Services (the number is on the back of your insurance card) to confirm your coverage.

WHAT IS MY OUT-OF-NETWORK DEDUCTIBLE?

Your out-of-network deductible is the amount you need to pay out of pocket before your insurance starts reimbursing you. You can find this information in your Summary of Benefits or by calling your insurance company.

DO I NEED A REFERRAL FROM AN IN-NETWORK PROVIDER TO SEE SOMEONE OUT-OF-NETWORK?

Some insurance plans require a referral, while others don't. Ask your insurance company to be sure, so you don't miss out on potential reimbursements.

VERIFY YOUR BENEFITS WITH YOUR INSURANCE COMPANY

WHAT PERCENTAGE OF OUTPATIENT PSYCHOTHERAPY SESSIONS ARE COVERED PER SESSION?

Once you meet your deductible, your plan might cover a percentage of each session's cost, like 50-80%. Your insurance company can confirm this percentage.

HOW MUCH WILL I BE REIMBURSED FOR A 45-MINUTE PSYCHOTHERAPY SESSION (AMERICAN MEDICAL ASSOCIATION CPT CODE: 90834)?

The reimbursement amount depends on your insurance plan's "allowed amount" for that service code. Insurance companies usually have a set rate for each service. For example, if your plan's allowed amount is \$120 and covers 80%, you'll be reimbursed \$96 per session.

HOW DO I SUBMIT CLAIM FORMS FOR REIMBURSEMENT?

Most insurance companies offer an online portal where you can upload your Superbill. If not, they may have a paper form you can fill out and mail. Member Services can guide you through this process.

HOW LONG DOES IT TAKE TO RECEIVE REIMBURSEMENT?

This varies by insurance company, but it typically takes 2-4 weeks after submitting your claim. You can track the status through your insurance's online portal or by calling them directly.

HOW DO I ACTUALLY USE MY OUT-OF-NETWORK BENEFITS?

Using your out-of-network benefits is simpler than it might seem! Here's a step-by-step guide to help you through the process:

REQUEST A SUPERBILL FROM ASHLEY:

You can expect to receive a monthly Superbill, which is an itemized receipt that includes details like the date, type of service, and the cost. You'll use this document to file for reimbursement.

SUBMIT YOUR SUPERBILL TO YOUR INSURANCE COMPANY:

Most insurance companies allow you to upload your Superbill online through their member portal. Alternatively, you can mail it in if your insurance company prefers that method. Check your insurance's website or call their Member Services number to confirm the process.

RECEIVE YOUR REIMBURSEMENT:

Once you've submitted your Superbill, your insurance company will process your claim and send you a check or direct deposit for the covered portion of the session. The amount you receive will depend on your plan's reimbursement rate.



By following these steps and getting answers to these questions, you'll be able to make the most of your out-of-network benefits and reduce your therapy costs. Finding the right fit is an investment in your well-being, so don't be afraid to explore all your options!

HAVE MORE QUESTIONS
TO TALK THROUGH?

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