Obtaining Information About Your Out-of-Network Benefits

When working with an out-of-network provider for mental health services, it's important that you are aware of your insurance plan's rate of reimbursement. This will enable you to confidently anticipate your insurance's coverage of your services. I strongly recommend speaking with your insurance provider before beginning services, and I've included some questions below that may be helpful in your call.

Out-of-Network Reimbursement Rate

Many insurance plans include some coverage for out-of-network services, though not all do. To clarify what your plan allows, you can ask:

- Does my plan include out-of-network benefits for mental health services?
- If so, what is my plan's reimbursement rate for out-of-network services?

Insurance companies generally reimburse based on an "allowable" amount that they determine – this may differ based on your insurance company, your or my location, or another factor. It is this "allowable" amount (also referred to sometimes as a "usual" or "customary" rate) from which they base their reimbursements.

Thus, if your insurance company reports your reimbursement rate as a percentage they will cover (e.g., saying they will cover 60% of the cost), **be sure to ask them out of how much**. That is, what is the "allowable" amount that they are basing this off of? This is important to determine because if the rate they are using is less than the rate of your provider, you will receive a lower reimbursement than expected.

I've included service codes that I commonly use, as well as my current fees. You can provide your insurance representative these service codes (as well as my fees) for further clarification on their reimbursement rates (and their "allowable" rates for each of these services). Let them know that these services are for a licensed psychologist who is an out-of-network, non-participating provider.

Intake / Diagnostic Evaluation Individual Psychotherapy, Outpatient, 45 Min CPT Code 90791 CPT Code 90834 Current Fee \$260 Current Fee \$195

Depending on the type of services you are looking for, you may also wish to ask about the following service codes:

Family Therapy, Outpatient, 45 Min
CPT Code 90847
Current Fee \$195

Family Therapy without Patient, Outpatient, 45 Min
CPT Code 90846
Current Fee \$195

Deductible & Prior Authorization

Some insurance companies will only begin to reimburse for out-of-network mental health services once you've met your deductible. To determine if this is the case for your plan, I encourage you to ask:

- Do I need to meet a deductible before my plan will reimburse my out-of-network mental health services?
 - o If so, how much of my deductible have I met?

Some plans may also require a pre-authorization before beginning services. Ask your insurance representative:

 Do I need to have a pre-authorization to obtain reimbursement for these services?

Psychological Testing

If you are seeking psychological testing services, many of the questions I've listed so far are ones I would still recommend that you ask your insurance company. It is especially important to ask about whether a prior authorization is needed for testing, as well as whether a deductible needs to be met before you can be reimbursed (and how much you've met so far). I've included service codes that may be used in your evaluation, depending on the nature of your assessment and your specific testing questions.

Intake / Diagnostic Evaluation CPT Code 90791 Current Fee \$260 Testing / Scoring (30-minute increments)
CPT Codes 96136 & 96137
Current Fee \$130 per unit

Neuropsychological Testing Evaluation / Interpretation (60-minute increments) CPT Codes 96132 & 06133 Current Fee \$260 per unit Psychological Testing Evaluation
/ Interpretation (60-minute increments)
CPT Codes 96130 & 96131
Current Fee \$260 per unit

Neurobehavioral Status Exam (60-minute)
CPT Code 96116
Current Fee \$260

If you have any remaining questions regarding your reimbursement rates after speaking with your insurance, please let me know. I'm happy to walk you through the process of getting clear answers about your expected reimbursement.

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