A GUIDE TO USING YOUR INSURANCE

I am an “in-network provider” for the following insurance companies:

BlueCross BlueShield

Tricare

Humana

As part of my contractual agreement with the above-listed companies, I will talk directly to your insurance company to get an authorization (if needed) and will file your claims for you (after whatever co-pay/co-insurance is received from you after each session). **However**, I am an “out-of-network” provider for most other insurance companies. These insurance companies will reimburse you for my services at a lower rate than if I were in-network with them. If you do not have insurance coverage with one of the above-listed companies and wish to use your insurance out-of-network, I encourage you to call your insurance company to understand exactly what your **mental health out-of-network benefits in an office setting** are. When getting this information, the following specific questions should be asked:

- Is precertification required before I attend psychotherapy?
- If precertification is required, what are the steps?
- Number of psychotherapy sessions allowed per year.
- Deduction that must be met before benefits kick in. Ask specifically for out-of-network deduction requirements rather than in-network – sometimes they differ.
- How much money will I be reimbursed for an initial diagnostic session (CPT code 90791) with an out-of-network provider (in other words, the first session)?
- How much money will I be reimbursed for an individual psychotherapy session (CPT code 90837) with an out-of-network provider?
- Some insurance companies won’t cover marriage, couple or family therapy sessions (CPT code 90847). If you are seeking couple or family therapy, be sure to get that information.
- If they say that they cover a percentage of the “Usual and Customary Rate”, ask them to tell you what the usual and customary fee is (dollar figure).

I can provide clients with a coded receipt of their charges and payments at the time of each session or, if they prefer, I will provide a statement that includes a group of visits. You will then be responsible for filing these receipts with your insurance company on your own.

You *must* be diagnosed with a mental disorder to receive reimbursement from your insurance company (in-network or out-of-network).

In order to be reimbursed for any type of mental health treatment delivered by an mental health provider, your insurance company will require a diagnostic code that represents the mental disorder for which you are being treated (according to the criteria set forth in the DSM-V, the Diagnostic and Statistical Manual of Mental Disorders). You are encouraged to fully discuss the diagnosis with your therapist prior to that information being shared with your insurance company.