

Checking Insurance Coverage for Brightways Psychology, an Out-of-Network Mental Health Provider



It is your responsibility to check your coverage in advance of starting psychotherapy. Behavioral/mental health services may be covered in full, in part, or not at all by your health insurance or employee benefit plan.

Brightways Psychology is an **out-of-network provider** of behavioral/mental health services; therefore,

1. You will be responsible for the entire cost of the session (the full fee) at the time of the appointment.
2. Brightways Psychology will give you an itemized invoice (aka “superbill”) to submit as a claim directly to your insurance company for potential reimbursement at your policy’s **out-of-network** rate.
3. You will be responsible for late cancellation or no show fees (**Note:** cancellation fees are NOT covered by insurance)

Brightways Psychology keeps a credit card on file to collect 1) payments for your sessions, 2) balances owed for services, and 3) late cancellation or no-show fees (**Note:** the full session fee is charged when there is less than 24 hours notice of cancellation because unlike other health appointments, the specific session time is reserved just for you).

Psychotherapy rates and insurance CPT codes may include:

- \$225 for a 50 minute session (CPT code 90834 for individual; 90846 for Family or Couples Psychotherapy, without patient present; 90847 - Family or Couples psychotherapy, with patient present)
- \$405 for a 90 minute session (CPT code 90837 for ART; 90791 for initial intake)

Navigating insurance can be tricky. Here are suggestions and questions you can ask your insurance provider to verify your amount of coverage:

1. Look on the back of your insurance card for the contact phone numbers specific to your plan. **Note: *There may be a separate number for Behavioral/Mental Health Services and if not, then locate the general Member/Customer Service number.**

2. Call the Member Services number (or *Behavioral/Mental Health number).

3. Ask the representative “Does my policy cover *behavioral/mental health benefits for outpatient* psychotherapy/psychiatry for myself or my child?”

-> If no, you are responsible for the full fee.

-> If yes, ask

“Which company provides the *behavioral/mental health services*? (E.g. UBH/Optum Behavioral Health provides mental health services for United Healthcare, MHS/Magellan provides mental health services for Blue Shield)

-> If another company provides your mental health services, ask the representative

“What is the contact number and website address for the *behavioral/mental health network*?”

4. Ask the representative of the company that provides the mental health services

“Does my policy include **out-of-network behavioral/mental health benefits** for outpatient psychotherapy?”

-> If no, you are responsible for the full fee.

-> If yes, ask

- a) Does my insurance cover telehealth for psychotherapy services? (**NOTE:** if they ask for CPT codes share those provided above)
- b) What percentage of my psychotherapy bills will my policy cover for an **out-of-network provider**?
- c) What is the coverage amount per psychotherapy session for an **out-of-network provider**?
- d) What is my co-payment or co-insurance amount for an **out-of-network provider**?
- e) How much will I be reimbursed per therapy session for an **out-of-network provider**?
- f) Is there a limit to the number of visits allowed?
- g) Is a doctor's referral required? (and/or) Is approval required from my primary care physician (PCP)?
- h) Is pre-authorization required? If so, what is the name and number of the person to be contacted?
- i) Is there a deductible? What is the deductible amount? (**Note:** A deductible is the amount you pay for health care services before your health insurance begins to pay. If your plan's deductible is \$1,500, you'll pay 100 percent of eligible health care expenses until the bills total \$1,500. After that, you may share the cost with your plan by paying coinsurance).
- j) Is it a yearly deductible? Have I met my deductible for this year? If not, how much do I have left to meet and what does that mean for this psychotherapy?
- k) How do I submit claims for psychotherapy with an **out-of-network provider**? (and/or) What is the address of the office where I should send my claims?

- l) To whose attention is the claim to be sent? What is their contact number to follow up?
- m) Is there a special form I will need to send with the invoice (aka “superbill’) I receive from my **out-of-network psychotherapist**?
- n) Is there a time limit to submit the claim?
- o) How long does it usually take to be reimbursed? Will they send me a check?

Lastly, don’t forget your health savings accounts to cover any out-of-pocket expense.