



Out of Network Insurance Details

Top 3 reasons I choose to be an Out-Of-Network therapist:

1. **Livable wages & ethics:** While rates for in-network medical doctors typically increase each year, payment rates for mental health therapists have ***dropped*** yearly since 1993; the current average in NYS is ~\$65/hour (and that includes NYC!!). Due to this trend most experienced/seasoned therapists (~75%) chose not to participate with insurance companies (i.e., be in-network). I feel very fortunate to have enough of a following and positive reputation within the community that I am able to stay busy without needing to rely on insurance companies for my income. This also means, I solely work for you (without hindrances from them).
2. **Your privacy:** You would be surprised how many of your insurance companies routinely call and ask me for your session notes (as well as treatment plans and diagnoses). In theory, they need the notes for a variety of reasons - including audits and to determine whether there is a 'medical necessity' for more sessions. Once these records are handed over they are accessible to all other clinicians/doctors/etc. within the same health system you utilized for you insurance. Believe me, the companies are persistent!! Because I am an out-of-network provider I do not need to comply with these requests and your personal information remains private.
3. **Time Savings:** I save a lot of time not being an in-network therapist and needing to fill out reams of paperwork and complete billing requests. Hopefully this time is better spent on collateral work for you (e.g., calling psychiatrists, doctors, lawyers, schools as well as writing letters & reports or talking to you if you are having a particularly difficult day etc.).



How to utilize your Out-Of-Network benefits:

1. **Check your out-of-network benefits:** These are typically detailed in the Summary of Benefits included in your member information packet or on your insurance company website. Insurance companies don't like to give you this information up front so you need to be diligent. One report I read stated that more than half of information given out by front line insurance company workers is grossly inaccurate!! If you think there has been a mistake or you can't get the information you need, **call back (repeatedly if necessary) and ask for a supervisor.**
2. **Call your insurance company to verify:** The best way to be absolutely sure of your benefits is to call your insurance company member services line and ask:
 - ✓ What is my out-of-network deductible for outpatient mental health?
 - ✓ How much of my deductible has been met this year?
 - ✓ What is my out-of-network coinsurance for outpatient mental health?
 - ✓ Do I need a referral from an in-network provider to see someone out-of-network?
 - ✓ How do I submit claim forms for reimbursement?
3. **Submit the Invoice** I give you at the end of each session to your insurance company! This is called a **Superbill** and has everything on it you need to be reimbursed. You do not need to submit these for each appointment but keep up to date with a calendar year to make sure there are not complications.
4. **Receive reimbursement!** Your insurance company will mail you a check to reimburse a portion of the cost of your session (up to 80%). **Insurance companies are required to reimburse you in a timely manner (~30 days)... this law is also not often followed, so – again – don't be afraid to be persistent.**

If you get the feeling I don't like insurance companies much – you are correct. I won't get on my soap box... but don't get me started on mental health parity!



How to maximize your reimbursement:

1. Use your HSA/FSA card. While this is your money, it is pre-tax so it is similar to saving 25%.
2. SUBMIT the Invoice/Superbill I give you at the end of every session! Many of you now have high-deductible plans. EVEN SO, many of you also have good out-of-network benefits (that your insurance company doesn't want you to know about). In many/most cases your insurance company will reimburse you as much as 80% of each session fee. *This means, in some situations, using your out-of-network benefits can actually be more affordable or comparable to your standard copay to see an in-network therapist.*
3. Keep the receipt for your taxes. As of January 2018 you can deduct any medical/mental health/dental expenses that exceed 7.5% of your adjusted gross income (AGI) as part of 'non-reimbursed medical expenses'.

Fair Health Information

One resource you may want to check out is <https://www.fairhealthconsumer.org/>. Fair Health is an independent, national nonprofit organization that provides neutral health care information for consumers, because insurance companies – for years – have been underpaying claims!!

A quick check regarding for Counseling (CPT Code 90837) in Monroe County showed an average cost of \$170/session with a fair reimbursement rate of \$119 (70%)!! *This means, if you are being reimbursed less than 70% by your insurance company, you should call them!!*