

Guide to Using Your Out-of-Network Benefits for Therapy

Welcome to Vantage Therapy and Wellness! If you're considering therapy with us as an out-of-network (OON) provider, this guide will help you understand how to navigate your insurance benefits effectively.

Understanding Out-of-Network Benefits

1. What Does Out-of-Network Mean?

- As an OON provider, I do not have contracts with specific insurance companies. This allows for more flexibility in treatment approaches, but it also means that you may need to submit claims for reimbursement to your insurance company.

2. Why Use an OON Therapist?

- **Personalized Care:** OON therapists often offer a broader range of services tailored to your needs without insurance restrictions.
- **Greater Choice:** You have the freedom to choose a therapist who aligns with your values and therapeutic needs.
- **Quality of Care:** Focusing on therapeutic fit rather than insurance networks can lead to a more meaningful and effective therapeutic experience.
- **Privacy:** If you desire services, but share an insurance plan with family members who may not support your goals or respect boundaries, opting out of using insurance benefits may prove beneficial. This also means your documentation and session details are not being reviewed by insurance companies.
- **Diagnostic requirements:** For insurance companies to pay for your sessions, they require the therapist to give you a diagnosis of mental illness. Many clients do not feel comfortable getting a diagnosis, or having one on record even when they do have a diagnosis. With OON care, we treat the symptoms, not the label.
- **High deductible plans:** If your insurance plan comes with a high deductible, the out of pocket costs of using an OON and INN provider may be effectively the same. In those instances, focus on quality of care, therapist fit, and availability may prove to be a more deciding factor.

Steps to Use Your Out-of-Network Benefits

1. Check Your Insurance Plan: Contact your insurance provider to inquire about your OON benefits. Ask about:

- What are my out-of-network benefits for mental health services?
 - Clarify what percentage of the fees will be reimbursed for OON therapy.
- Do I have a deductible for out-of-network services?
 - Ask about the amount and whether it must be met before any reimbursement occurs.
- Is there a limit on the number of OON therapy sessions I can claim per year?
 - Inquire about any caps on the number of sessions eligible for reimbursement.

- What is the process for submitting claims for OON therapy?
 - Get details on how to submit claims (online, by mail, etc.) and any forms/documentation you may need.
- What happens if my claim is denied?
 - Ask about the appeals process and how to address any potential issues.
- How long does it typically take to process claims for OON services?
 - Understanding the timeline can help manage expectations regarding reimbursement.
- Are there any specific criteria or restrictions for reimbursement that I should be aware of?
 - Ensure you understand any special requirements or limitations that may apply to your plan, including timely filing deadlines for claim submission.

2. Obtain a Superbill:

- A superbill is an itemized statement of services rendered which allows clients to seek reimbursement for services provided by an OON provider. Clients can opt to receive a superbill monthly or after each session. The document will generate automatically and be accessible through our Client Portal. You will be notified via email when it is ready.
- This document typically includes:
 - Your name and contact information.
 - My practice information, including my NPI (National Provider Identifier) number.
 - Dates and location of service.
 - CPT codes for the services provided.
 - The total amount paid for each session.

3. Submit Claims:

- Use the superbill to submit a claim to your insurance company. You can typically do this online, by mail, or via your insurance company's app. Follow their specific instructions for submitting claims.

4. Insurance Codes to Know:

- Regarding insurance reimbursement, you will need to contact your insurance provider to confirm what is covered and what is not. I recommend asking about the specific appointment codes and possible diagnosis codes listed below. These are the most commonly used within our practice.

■ CPT Codes for therapy sessions:

1. 90791 Intake session
2. 90834 15-52 minutes therapy
3. 90837 53+ minutes therapy
4. 90847 Family session with client present (this is the primary one for conjoint therapy)
5. 90846 Family session without client present

■ Diagnosis Codes

1. z63.0 - problem in relationship with spouse or partner

2. F43.21 or F43.22 - Adjustment disorder (with anxiety or depressed mood, respectively).
3. F41.1 - Generalized Anxiety Disorder
4. F43.12 - PTSD
5. F32.9 - Major Depressive disorder
6. F34.1 - Persistent depressive disorder (dysthymia)

5. **Follow Up:**

- After submitting your claim, check back with your insurance provider to ensure it's being processed. If there are any issues, they can guide you through resolving them.

What to Expect

- **Reimbursement:** Depending on your insurance plan, you may receive reimbursement for a portion of the session fee. This can vary widely, so understanding your plan's specifics is crucial.
- **Claim Denials:** If your claim is denied, don't hesitate to reach out to your insurance company for clarification. You can also ask about the appeals process if needed.

Conclusion

Using your out-of-network benefits for therapy may seem daunting, but it can be worth the effort for the quality of care and personalized attention you receive. If you have any questions about the process or need assistance, please don't hesitate to reach out. At Vantage Therapy and Wellness, we're here to support you every step of the way on your journey toward meaningful living!