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Out of Network (OON) benefit questions

Questions to ask (some of them may seem "silly," but it can be helpful to clarify). I'd suggest you get the name of the person you speak to, just in case you need to reference them as a source of information in the future!

First, you want to make sure of 2 things:

1. Verify that I am NOT an in-network provider for behavioral health. (Sometimes insurance companies utilize a "carve out" for behavioral health benefits, and process those claims through a different insurance company.)
2. Verify that you have an OON benefit.

From there, these are some helpful questions to ask, as most OON benefits require that you pay a deductible before the benefit will begin:

1. Does "annual deductible" refer to a calendar year, or to the policy year? (Some plans start in July.)
2. Does the deductible separate behavioral health from medical health? (Sometimes people have a different deductible.)
3. Is there a separate individual deductible vs. a family deductible? If so, do you need to meet just the individual deductible in order to start using the OON?
4. Does the benefit limit the percentage of reimbursement? They often limit it to 80% of the "usual and customary rate. (see next item.)
5. What is the "usual and customary" rate for the following 2 CPT codes? 90791 (initial intake) and 90837 (60 minute session)
6. Who do you submit your invoice to, and how long does it take for them to reimburse you? (Sometimes you need to mail it in, sometimes you can easily upload it to a website!)

Here's the scoop... in theory, I can charge \$500 for a 60 minute session- lol! (I charge \$150). However, if the insurance company feels that "usual and customary" is \$100, they will only reimburse you \$80 (80% of \$100). That is why we want to find out what their fee schedule is. (And I think it's worth it to have more than just one example, so I gave you the 2 codes for them to check). An initial/intake session is longer, and is \$175.

Here's how it works: After a session, I charge your credit card. (I am considered a "qualifying provider" and can accept HSA/FSA cards if you have that option.) I would then email you something called a "superbill" that has all of the information they need to process the claim, and they reimburse you.

If this sounds overwhelming, there are companies that can help facilitate the submission for a small percentage fee (typically 5%).

I hope this helps guide your research process. Please touch base if you have questions or concerns.