



Understanding Out-of-Network Benefits and Reimbursement for Mental Health Services

- **What Are Out-of-Network Benefits?**

Out-of-network benefits are part of some insurance plans that allow members to receive care from providers who do not participate in the insurance company's network. When you see an out-of-network provider, you typically pay for the services upfront and then file a claim with your insurance company for reimbursement.

- **Why Would Someone Use Out-of-Network Benefits?**

- a. Access to specialized providers not in-network.
- b. Preference for a particular therapist's approach or experience.
- c. Difficulty finding available in-network therapists.
- d. Out-of-network provider offers services not widely available in-network.

How to Verify Your Out-of-Network Benefits

1. Call your insurance company.
2. Ask the following questions:
 - Do I have out-of-network benefits for mental health services?
 - What is my deductible, and how much has been met?
 - What percentage of the fee will be reimbursed?

- Is there a separate deductible for out-of-network services?
- Are there any session limits per year?
- Is prior authorization required for out-of-network services?
- Where do I send my claims?

Check your Summary of Benefits and Coverage (SBC). This document outlines your plan details.

Steps to Get Reimbursed for Out-of-Network Mental Health Services

- **Step 1: Pay for Your Therapy Session** Out-of-network therapists require payment at the time of service. Request a detailed receipt called a "Superbill."
- **Step 2: Obtain a Superbill**

Your therapist will provide a superbill containing:

- a. Therapist's name, credentials, and NPI number.
 - b. Practice address and phone number
 - c. Tax ID number
 - d. Dates of service
 - e. CPT (service) codes
 - f. Diagnostic code (if applicable)
 - g. Amount paid
 - **Step 3: Submit the Claim to Your Insurance.**
- You can usually submit claims by:
- a. Uploading the superbill through your insurance company's member portal.
 - b. Emailing or mailing a claim form along with the superbill
 - c. Using a third-party service like Reimbursify or Better (optional, for a fee)
 - **Step 4: Wait for Processing.**

Processing times vary but typically take 2-4 weeks. Your insurance company will process the claim and send an Explanation of Benefits (EOB), outlining what was covered and what remains your responsibility.

- Step 5: Receive Reimbursement.

If your claim is approved, reimbursement is usually sent via check or direct deposit.

Frequently Asked Questions (FAQs)

1. What percentage will I be reimbursed?

- This depends on your plan. Many plans reimburse 50%-80% of the "allowed amount," not necessarily the full fee charged by the therapist.

2. What is the "allowed amount"?

- The allowed amount is what your insurance company considers reasonable for the service in your area. If your therapist charges more, you pay the difference.

3. What is a deductible, and how does it apply?

- A deductible is the amount you must pay out-of-pocket before your insurance begins to reimburse claims. For example, if you have a \$1,000 out-of-network deductible, you will need to pay \$1,000 for out-of network services before your insurance starts reimbursing a percentage of your claims.

This means:

- a. You pay the full session cost until your deductible is met. Once met, your insurance begins covering a portion of the "allowed amount" for each service, according to your plan's reimbursement rate (for example, 60% of the allowed amount).

- b. Some plans have separate deductibles for in-network and out-of-network providers, so meeting your in-network deductible does not count toward your out-of-network deductible. If your plan has a \$0 deductible for out-of-network benefits, your insurance will begin reimbursing you immediately without requiring you to pay a certain amount out-of-pocket first.

4. Do I need a referral to get reimbursed?

- This depends on your plan.

5. How long do I have to submit a claim?

- Most plans require claims to be submitted within 90-365 days of the date of service. Check your plan for details.

6. Will the reimbursement go to me or the therapist?

- If you paid the therapist directly, reimbursement typically goes to you.

7. Can my therapist help with the claim?

- Yes, therapists provide superbills and may assist with claim submission, but it's your responsibility to file and follow up.

Helpful Tips

- Always keep copies of your superbills and submitted claims.
- Follow up with your insurance company if you do not receive your EOB or reimbursement in a timely manner.
- Use your insurance company's online portal for faster claim submission and tracking.
- Consider using third-party apps for streamlined reimbursement filing.

Disclaimer

- This information is for educational purposes only and may not reflect the specifics of your insurance plan. Always verify benefits directly with your insurance provider.

For questions regarding services or to request a superbill after service, please contact us via email at: info@inspirational-therapy.com or give us a call at 352-404-6742.

We are here to help you navigate your mental health journey with clarity and confidence.