



**CONSCIOUS
ROOTS**
COUNSELING

HOW TO DETERMINE YOUR

Out-of-Network Mental Health Insurance Benefits



Navigating the cost of mental health therapy can be **difficult**.

With this guide, you'll be able to call your insurance company and get the answers you need to determine your out-of-pocket costs for therapy.

Before you call, let's cover a few insurance-related terms.



Copay

A set amount you pay out of pocket for each visit

Example:
\$25 for doctor visits,
\$35 for "specialists"



Co-insurance

A percentage of total cost for a visit

Example:
25% of a wellness visit (\$185) = \$46.25



Superbill

This is a document given to you by your therapist that you submit to your insurance provider if you are using your Out-of-Network benefits.



Deductible

The most you pay out of pocket until your insurance covers costs.



Deductible Example:

Your deductible is \$2,000 per year. Let's say you go to urgent care once, that's \$500. Another time you have to get labs done, that's another \$250. You see your doctor for a wellness visit and a sick visit, and each have a \$25 copay. This is a total of \$800 of out of pocket costs, which means you still have \$1,200 before your deductible is met.

Urgent Care Visit	\$500
Labwork	\$250
Wellness Visit	\$25
+ Sick Visit	\$25
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Total	\$800
 Total before deductible met	 \$1,200



CPT Code

(Current Procedural Terminology)

This is what all health insurance companies use to determine cost and benefits of all health procedures and treatments.

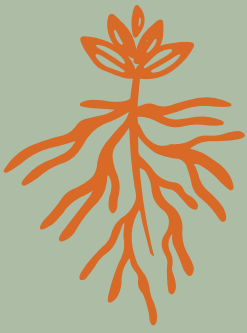
Mental Health Codes:

90791

Intake/Psychiatric Diagnostic Evaluation
First session with a therapist

90837

Psychotherapy, 60 minutes
Follow-up session(s) with a therapist



When an insurance representative answers, say:

“Hello, I would like to ask questions about my out-of-network benefits for mental health therapy. I have a list of questions.”

Here are questions to ask with space to write your answers:

What is my out-of-pocket cost for OUT-of-Network CPT code 90791 (Intake)?

What is my out-of-pocket cost for OUT-of-Network CPT code 90837 (Psychotherapy, 60 minutes)?

Are those costs a copay or deductible payment?

What is my OUT-of-Network deductible?

What is my out of pocket expense once my OUT-of-Network deductible is met for CPT code 90837?

What is the reimbursement rate for OUT-of-Network claims for 90837 BEFORE I reach my deductible?

What is the reimbursement rate for OUT-of-Network claims for 90837 AFTER I reach my deductible?

How do I submit superbills for OUT-of-Network claims?*

**We offer the ability to submit claims through [Reimbursify](#). Check them out, or [contact us](#) for more information about this process.*

You did it!

Now you have all the information you need to make an informed decision about using your OUT-of-Network health benefits.



Extra Info:

Know if you'll meet your Out-of-Network deductibles.

If you regularly see other providers that are OUT-of-Network (chiropractors, specialists, psychiatrists, etc.) you likely meet your deductible every year.

FSA/HSA accounts

If your health benefits include an FSA or HSA, you can use those funds for Out-of-Network services.



Questions?





Email us at info@conscious-roots.com. We can help you figure out what your cost be once you know your Out-of-Network benefits.

Navigating health insurance benefits is difficult, but we hope this guide makes it **less daunting** and **easier** to understand.

Even though many therapy practices, including Conscious Roots Counseling, are Out-of-Network with most insurance plans, you still have benefits you can use. We want to work with you, so reach out if you have any questions.

With care,
Jenny and the Conscious Roots Counseling Team



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