Understanding Co-Insurance and Deductibles

Because of how most insurance plans are structured these days, the bottom line of how much you will be spending per session really depends on your plan. I can say that a lot of plans these days allow for people to see out-of-network providers and, because my fees for 45-minute sessions are very close to what insurance companies allow their providers to bill, your insurance company ***may*** reimburse you for almost the same amount of money that they would have covered for you if you had seen an in-network provider. However, the only way to know is if you ask your insurance company directly. So, I would encourage you to call them and ask what the difference would be between and in and out-of-network provider.

When you call your insurance provider, it can help for you to be able to tell them the billing codes that I will be using. That will enable them to give you exact numbers for what to expect.
Intake – 75 minutes: Code: 90791 (my current rate is $160)
Session – 45 minutes: 90834 (my current rate is $120)
Session – 60 minutes: 90837 (my current rate is $150)
You can find the number for your insurance company on the back of your insurance card. Sometimes, insurance companies have a number to call for "medical" insurance questions and a different number to call for "behavioral health." Mental health therapy falls under "behavioral health."

(Note: It will be your choice as to which length of session you would prefer to have and we will discuss this ahead of time. Most of my clients elect for 45-minute sessions. However, if you are needing traditional CBT for panic disorder or disabling anxiety, I have found that a 45 minute session, at least in the first 6-8 sessions, is not enough time and really, 60 minutes is a better fit. Note that some insurance companies only reimburse for 45 minute sessions.)

Below is an example of what it can look like for people who have this type of insurance plan. (Note: if you have a plan that says you only have to pay a copay to an in-network provider, then the chart below would look a little different. Your copay would be the only money you would pay for in-network, and that would be the amount that you would compare to the blue "ultimate expense" amounts.) In the example below, the person would ultimately be paying just over $10 a session more to see an out-of-network provider, after they received their reimbursement check back from their insurance company.

Estimated Fee Calculation for "45-Minute" Session

	In-Network		Out-of-Network	
My Session Fee	**$100.00**			
Allowable Session Fee (?)	**$68.00**			
	Is deductible met?		**Is deductible met?**	
	NO	**YES**	**NO**	**YES**
Theroretical Insurance Processing *****confirm with your insurance company*****	You pay "allowable" fee, which insurance company will count towards your deductible.	they pay 80% you pay 20%	You pay full fee (insurance company will likely only put the "allowable" fee towards your deductible).	they pay 70% you pay 30%
You pay at time of session	**$68.00**	**$13.60**	**$100.00**	**$100.00**
Amount that will hopefully be reimbursed TO YOU by your insurance company	$0	$0	$0	$47.60
Ultimate Expense For You	**$68.00**	**$13.60**	**$100.00**	**$52.40**

In order for you to be reimbursed by your insurance company, I will provide you with a "superbill" each time you pay for your session. You can then send this to your insurance company for them to process and then pay the appropriate balance back to you.