

INSURANCE REIMBURSEMENT PROCESS

The clinicians at FamilyFirst are out-of-network providers for all insurance companies. This means that clients pay us the full fee at the time of each service. Upon payment, we provide you with a detailed receipt for services that you can submit to your insurance company for potential reimbursement. While insurance coverage varies, common reimbursement rates range from 60% to 80% of therapy costs. Reimbursement for psychological testing is more variable and depends on the specifics of your health plan.

In order to determine the amount of reimbursement you can expect, it is important to check with your insurance company about your out-of-network behavioral (mental) health benefits prior to starting services at our practice.

Note that behavioral (mental) health services are billed via CPT codes. When you call to check your coverage, your insurance company may ask you which CPT codes will be billed for the services you are seeking. For your reference:

- The CPT codes most often billed for therapy are: 90791 (intake session), 90834 (50-minute therapy session), 90846 or 90847 (family therapy).
- The CPT codes most often billed for testing are: 90791 (intake session), 96130/96131 (testing evaluation services), 96136/96137 (testing administration and scoring), 90846 or 90847 (family therapy).

Questions to ask your insurance company:

- 1) What (if any) out-of-network benefits for outpatient behavioral (mental) health services (i.e., therapy or psychological testing) are covered by my plan?
- 2) Does my plan require any pre-authorization or referral for out-of-network services?
- 3) What is my out-of-network deductible? How much of my deductible have I already met? When does my deductible year start?
- 4) Once I meet my deductible, what portion of behavioral (mental) health service costs will you cover? Is there a limit to what you will cover for each out-of-network service? Is there any limit on number of covered sessions per year?
- 5) What is the process for reimbursement? How do I submit receipts for paid services?

Attention to Tricare subscribers: Given that Tricare's policies place limits on allowable charges for out-of-network services, we are not able to offer services to Tricare subscribers unless you obtain an opt-out form. By completing an opt-out form, you agree to pay in full our charges for services without seeking reimbursement from Tricare.