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## The Benefits of Out-of-Network Therapy and Questions to ask your Health Insurer

### What does In-Network mean?

- A therapist that is in-network, is in your health insurance company's database and has been approved to provide services under a rate they deem reasonable.
- As a client, you will typically pay a "co-pay" at each session. The typical range of co-pays can range between \$15-95 or even more. The remainder of the contracted rate will be paid by your insurance company.

**Example:** If your session is worth \$130 according to your insurance company and your designated co-pay is \$50, you pay the \$50 and the insurance company will pay the remaining \$80 after your therapist submits an insurance claim and documentation.

### What does Out-of-Network mean?

Insurance companies recognize that there are qualified and experienced therapists that are not part of the insurance company's database, and they provide members with the option of working with an "out-of-network" therapist that may be a better fit or provides higher quality therapeutic services. Depending on your insurance benefits, you may be able to get reimbursed for out-of-network benefits, which can mean a substantial savings to you. Calling your insurance company prior to starting therapy can provide you with additional information of what will be needed for reimbursement (see below as to what questions to ask).



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## What are the Benefits of Out-of-Network Therapy Services?

Therapy can provide positive, lifelong benefits, but it requires a significant investment of both time and money to achieve excellent results. Before embarking on this life-changing journey, it is worth spending the time to find the right therapist and understand the financial costs. Participating in therapy with out-of-network therapists enables you to expand **who** may provide you with therapy, expand **how** they can provide you with therapy, and there may be a small overall difference in **cost**.

- Expand **who** may provide you with therapy
  - Talk with therapists and see if you would connect well with them. Feeling safe and comfortable with your therapist is a cornerstone to great therapy.
  - Your insurance company database is limited to those who accept lower in-network reimbursement. You may obtain a list of therapists from your health insurance company, and only get a few calls back after calling them all and learn that they don't have any availability during the times you need.
  - If you switch jobs (or switch insurance for any reason), you may need to switch therapist and you may have an established and positive relationship with them and do not want to restart with someone new.
- Expand **how** they can provide you with therapy
  - Insurance companies often limit the amount of sessions you are allowed. Some only pay out if you are "in crisis", or only for a few sessions. Out-of-network, allows you to obtain therapy services until you have overcome your personal challenges. You can decide to continue to receive services for longer periods of time.
- There may be a **small difference in cost**
  - Your co-pay may be high. You may have a co-pay of \$50 for in-network providers. A typical individual out-of-network Talk-a-While session is \$200 and your insurance may reimburse you for \$130 of it, leaving you to pay the



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remaining \$70. In such a situation, a highly experienced Talk-a-While therapist would only cost you \$20 more than the \$50 co-pay.

- The total cost of seeing a therapist Out-of-Network may be as affordable as In-Network.
  - **Example:** If your insurance has a \$3,000 deductible for mental health services, then you must pay out of your own pocket the first \$3,000 of therapy services. If you have 12 focused weekly out-of-network Talk-a-While sessions that effectively address your needs at \$200 per session, you will spend \$2,400 out-of-pocket. On the other hand, if you have an in-network provider with limited availability, you may pay for 20 intermittent, disjointed sessions at \$150 per session until you meet your total out-of-pocket deductible of \$3,000. You may have more difficulty realizing the benefits you are working towards, and you will have paid \$600 more that you would have paid for Talk-a-While therapy.

## Questions to Ask your Health Insurance Company?

Prior to starting therapy, consider taking a few minutes to call your insurance company and ask the following questions to better access how you would like to approach your choice in therapists.

Person I spoke with: \_\_\_\_\_ Title \_\_\_\_\_

Date: \_\_\_\_\_ Phone No./Contact \_\_\_\_\_

Does my policy include a mental health benefit (“routine behavioral health care” – means that you are not seeing a physician/doctor and you are not necessarily in crisis)?

☐ Yes ☐ No

**If yes (you have mental health benefit coverage), ask:**

Does my policy cover out-of-network Psychologists, Licensed Marriage & Family Therapists and Licensed Social Workers? ☐ Yes ☐ No



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1. What amount or percentage will my policy pay for the following coded sessions:  
All Talk-a-While, clients will have an Intake session under CPT Code 90791, thereafter the psychotherapy sessions will be based on the type of session needed.

### **Psychotherapy Services**

<b>CPT Code</b>	<b>Type of Service</b>	<b>Amount charged by Talk-a-While (day of session)</b>	<b>Amount reimbursed to you by your insurance</b>	<b>Amount you end up having to pay out of pocket</b>
90791	Psychological Diagnostic Interview (80 mins)	\$250	\$	\$
90834	Individual Psychotherapy (50 mins) Note: in-person or online	\$200	\$	\$
90837	Individual Psychotherapy (70 mins) Note: in-person or online	\$250	\$	\$
90846	Family Psychotherapy without patient present (50 mins)	\$200	\$	\$
90847	Family Psychotherapy with patient present (50 mins)	\$200	\$	\$
	*Parent Child Interaction Therapy is coded under this category	\$250 (*PCIT)	\$	\$
90847	Family Psychotherapy with patient present (70 mins)	\$250	\$	\$
	Longer PCIT Sessions with 2 parents is coded under this category	\$300 (*PCIT)	\$	\$



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90853	Psychotherapy, Group (30 mins - 75 mins)			
	Time of Group Session and Cost vary depending on group. Contact us to find out exact pricing.	\$50-100	\$	\$
90887	Case Management & Coordination with third party (therapist, physician school personnel, etc)	\$60 per 15 mins (cost range between \$60 - \$180)	\$	\$
90889	Report Preparation for third parties (therapists, agencies, insurance carrier) - other than for legal or consultation purposes)	\$60 per 15 minutes (cost range between \$60 – \$200)		
98967- 98968	Telephone Management Call with established Patient – Ancillary Service	\$30 (98967-15 mins)	\$	\$
		\$60 (98968 – 30 mins)	\$	\$



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### **Psychological Testing and Assessment Services**

<b>CPT Code</b>	<b>Type of Service</b>	<b>Amount charged by Talk-a-While (day of session)</b>	<b>Amount reimbursed to you by your insurance</b>	<b>Amount you end up having to pay out of pocket</b>
96116-96121	Neurobehavioral status exam – clinical interview examinations	\$250/hr	\$	\$
96130-96131	Psychological Testing, Eval by Psychologist	\$250/hr	\$	\$
96136-96137	Psych. Or Neuropsychological test admin & scored by a Psychologist (2 or more test)	\$125 per 30 mins	\$	\$
96138-96139	Test administration & scoring by technician (2 or more test)	\$100 per 30 mins	\$	\$

2. How much psychotherapy is covered per year?

- Total benefit dollars: \_\_\_\_\_
- Deductible until benefits kick in: \_\_\_\_\_
- Copay per session: \_\_\_\_\_

3. Do I need pre-approval or pre-certification for therapy sessions? ☐ Yes ☐ No



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4. Do I need pre-approval or pre-certification for psychological assessment work?

☐ Yes ☐ No

- ☐ If yes, whom do I need to contact for pre-approval or pre-certification for therapy and/or psychological assessment/testing?

Name	
Address	
City	
State	
Zip	
Phone	
Fax	
Email	

- ☐ How many sessions will be pre-approved at a time? \_\_\_\_\_

5. Is my mental health deductible part of, or separate from, my medical deductible?

☐ Yes ☐ No

6. What is my yearly mental health and/or medical deductible? \$ \_\_\_\_\_

7. How much of my deductible have I met this year? \$ \_\_\_\_\_

8. Do I need to meet my deductible before you begin to reimburse me for out-of-pocket expenses submitted to you as a superbill? ☐ Yes ☐ No

9. Can I pay my therapist out-of-pocket and submit my session receipts/superbills for reimbursement? ☐ Yes ☐ No

- To whom should I mail or fax the receipts?

Name	
Address	



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City	
State	
Zip	
Phone	
Fax	
Email	

- Once I mail in a receipt, how long before I receive a reimbursement check?

\_\_\_\_\_

10. Is there anything else I should know about requirements that are needed prior to moving forward with an out-of-network therapist?