

Insurance FAQ About Insurance

1. Do you accept insurance?

We provide a *superbill* with all the information you need to submit your sessions to your insurance company. This way the reimbursement will come directly to you. We are out-of-network providers.

2. How much will a therapy session cost me?

Our fee for a regular 45-minute therapy session is \$120. How much out of pocket you will pay depends on your insurance reimbursement plan. See #3.

3. Won't submitting claims with an out-of-network provider mean I will be paying a lot more out of pocket?

Again, this depends on your in-network and your out-of-network plan. Copays for in-network plans are going up; it's not unusual for them to be as high as \$50 - \$60 per therapy session. We encourage you to check your insurance plan's in-network benefits (copays and deductibles) and out-of-network benefits (deductibles, max. out of pocket expenses, UCR).

For example: Susan has to pay \$50 for therapy sessions with an in-network therapist and they have a \$1000 annual deductible. Susan has to pay \$1000 before the insurance will reimburse at all. Susan's deductible is specific to mental health. So she will have to attend 20 therapy sessions which she has to pay for out of pocket. Susan's therapy is going on one year and she has attended 30 sessions. Once she paid \$1000, she has a \$55 copay. She pays the therapist the copay and the insurance company pays the therapist the remaining balance of the fee they have decided upon (they usually reimburse \$60 - \$80/session). At the end of her insurance plan's year Susan's deductible resets and she needs to pay out of pocket again.

If Susan chooses to see a therapist at TPS (out-of-network) because she was recommended and the therapist has a speciality in her specific needs, she will pay the therapist's fee for a regular 45-minute session (ours is \$120/session). She has a \$1500 annual deductible for out-of-network benefits so she will have to pay the fee until she reaches \$1500, about 12 sessions. After that she will submit her her Superbill to the insurance company and the insurance company will reimburse her directly 50% of their "Usual and Customary Rate," in this case it is \$85. Susan will be receiving a reimbursement of \$42.50 which means that she is out of pocket \$77.50 per session. She is paying \$22.50 more than if she were seeing an in-network therapist, however she has the peace of mind that this therapist was recommended by a friend at church and is specializes in her area of need. Additionally, Susan's plan has a maximum out of pocket amount of \$4000. When she pays out of pocket \$120 for 33 sessions the insurance plan will pay 100%!

4. What is a UCR?

This is the amount that the insurance company has arbitrarily decided is the “usual and customary rate” for a given service in a given area for a given professional. This UCR amount is rarely in line with the average rates in our area (or any area for that matter). For example, the UCR for some insurance plans in the Raleigh area are approximately \$70 - \$90/session, but the average rates for a therapy session in the area is about \$120/session.

5. What is a CPT code?

A CPT code is the code that identifies a given service rendered. The insurance plan has a UCR for each code and sometimes will not pay for certain codes. When you call to determine your insurance plan benefits they might ask you what CPT codes you would be submitting. Here are the common codes used for our clients:

Initial Session for Adult - 90801

Initial Session for a Child - 90802

Individual 45-minute psychotherapy session (adults and children) - 90806

Marriage Counseling - 90847

Group Counseling - 90853

6. Why should I see a therapist who is out-of-network instead of choosing one who is in-network?

Freedom to seek therapy as often or as little as you need. Insurance plans often limits the numbers of sessions per year.

Insurance plans require the therapist to complete a treatment plan which includes at least one mental health diagnoses. Despite their claims of privacy, there is no ultimate guarantee that this information remain private.

Placing yourself, or your child, in the hands of a therapist who was recommended by someone you trust.

The therapist has qualities, expertise and a therapeutic approach that you are seeking.

Having a therapist who integrates psychology and faith, and who respects your faith as an essential component of therapy, is important to you.

How do I determine my out-of-pocket expenses will be?

We understand that this can be a daunting and time consuming task. Here are some guidelines and questions:

1. First, you need to call the phone number for mental health or behavioral health on the back of your health insurance card.
2. Then, tell them you would like to know what your in-network benefits are for mental health services. Be sure they tell you the following:
 - reimbursement rates for the CPT codes in # 5 above.
 - copay for each of the CPT codes in #5.
 - deductible
 - maximum out-of-pocket expenses
 - limits on number of sessions
 - necessity of any authorizations
 - credential requirements for therapist (such as Ph.D., “clinical psychologist,” etc.)
3. Next, ask them what your out-of-network benefits are for mental health. Be sure they tell you the following:
 - reimbursement rates and UCR for the CPT codes in # 5 above
 - deductible
 - maximum out-of-pocket expense rate
 - limits on number of sessions
 - credential requirements for therapist (such as Ph.D., “clinical psychologist,” etc.)
 - necessity of any authorizations
 - procedure for submitting claims and trouble-shooting reimbursement problems
4. Use our Fee Schedule and these numbers you have received from your phone call to determine your out-of-pocket expense. We encourage you compare the out-of-pocket expenses for both in-network and out-of-network benefits.
5. This can be very confusing and we are available to help you. Just call Shannon, our office assistant and she will be more than happy to assist you.
6. Once you have made a decision to schedule with a TPS therapist, just call Shannon and she will schedule an appointment right away. Availability is usually 1 - 2 weeks.

Does TPS submit the claims to the insurance company?

TPS provides each client with a superbill for each session with all of the information needed for the claim. Clients submit claims to their insurance company. This keeps your TPS therapist solely focused on your emotional health and well-being.

How do I submit claims to my insurance company?

The web address for your insurance company will be on the back of your insurance card. Go to this web address with your insurance card in front of you. They will have a button for members. Click on that button and then follow the directions for submitting a claim.

If you do not want to submit a claim via the internet, call your insurance company using the number on the back of your insurance card and ask about the procedure for submitting claims and trouble-shooting reimbursement problems.

What if a claim reimbursement is incorrect?

Go to the members' area of your insurance company's website and follow the directions or call the number on the back of your card and follow the prompts.

How long will it take me to receive my reimbursement?

Most clients receive their reimbursements within two weeks after they submit the claim .

How do I pay for my session?

TPS accepts cash, checks and Visa and MasterCard for your fee at the time of each session.

I have other questions that haven't been answered here, what do I do?

Give us a call at 919.380.1000 and Shannon will be glad to answer your questions. We will not be able to answer any questions about your specific insurance plan. This information is only available from your insurance carrier. Follow the guidelines above.