



# Out-of-Network Guide

**Disclaimer:** Ascend Psychological Associates is out-of-network with ALL insurance companies except Blue Cross/Blue Shield. This guide is provided to assist you with calling your insurance company to check on your out-of-network benefits. Ascend Psychological Associates is not responsible for the information obtained using this guide.

## **Payment at Ascend Psychological Associates:**

At each session payment is due, unless another payment plan has been established. Thus, the patient will pay their fee with cash, check, or credit card. Patients have an option to request an itemized receipt of payment for services (i.e., a superbill) which will be generated at the end of each month. This may be used to submit to your insurance company. It is the patient's responsibility to handle this submission.

## **How to check your out-of-network coverage and possible out-of-network benefits:**

- Plan for 15-30 minutes of your time available to call your insurance company
- Make sure to have this information ready before your call:
  - Insurance card
  - Name, date of birth, address, phone number, or possibly social security number of the cardholder or person for whom the services are for
  - Pen and paper/notepad
- Questions to ask:
  - Are there out-of-network benefits for this policy?
  - Do I have **a mental or behavioral health policy with out-of-network benefits?**
  - What are the requirements to use out-of-network benefits?
  - Is prior authorization required?
  - Is a referral required from my primary care physician?
  - Do I have an out-of-network deductible?
    - If yes:
      - What is my out-of-network deductible?
      - How much of my out-of-network deductible has been met?
      - What is the start date of the calendar year my out-of-network policy is based on?
- In addition, ask the representative if your policy covers these services (use the CPT codes provided below). How much is the insurance company's "usual and customary fee" and what percentage do they cover?

Service	CPT Code	“Usual and Customary Rate”	Percent covered, after the deductible is met
Diagnostic Interview: 75-90 minutes	90791		
Individual Therapy: 31-50 minutes	90834		
Brief Individual Therapy: 15-30 minutes	90832		
Group Psychotherapy	90853		
Psychological Testing evaluation services	96130 <i>1<sup>st</sup> hour</i>		
	96131 <i>additional hours</i>		
Psychological Test administration and scoring by a psychologist	96136 <i>first 30 minutes</i>		
	96137 <i>each additional 30 minutes</i>		

- Other questions to ask:
  - Is there a session limit?
    - If yes:
      - What is the session limit?
      - How many sessions do I have left?
  - What percentage of services is covered/what is my co-insurance?
- At the end of the call make sure to have:
  - Date/time you called
  - Representative’s name
  - Reference number for the call

**Information that will be provided on your superbill:**

- Provider’s name
- Provider’s NPI
- Provider’s license number
- Federal Tax ID number
- DSM-5 and ICD-10 diagnosis codes
- CPT or Procedure codes