OUT-OF-NETWORK BENEFITS GUIDE

Navigating insurance can feel confusing, so I created this guide to make the process easier. If you plan to use out-of-network benefits, these questions can help you understand your coverage before we begin working together. This resource is optional; many clients choose to not seek reimbursement because of the depth and privacy of the work we do, but if reimbursement is important to you, this guide will support you.

Provider Information

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I am licensed as a **Licensed Professional Clinical Counselor (LPCC)** in California. Although I also hold a PhD in Depth Psychology with an emphasis in depth psychotherapy, I am not licensed as a psychologist. Insurance typically reimburses at the **LPCC out-of-network rate**.

Before You Call, Have these items ready:

• Your health insurance card
• Pen and paper or a notes app

Call the number for **Member Services** on your insurance card and follow prompts for **Out-of-Network Mental Health Benefits.**

Questions to Ask

Let the representative know you are seeking reimbursement for **outpatient mental health therapy with an LPCC**:
1. Do I have **out-of-network benefits** for outpatient mental health therapy?
2. What is my **out-of-network deductible**? How much has been met so far this year?
3. After my deductible is met, what **percentage of the session fee is reimbursed**? (Coinsurance)
4. Are there any **telehealth limitations** for therapy sessions?
5. Do I need a **referral or prior authorization**?
6. **How do I submit claims** for reimbursement? (Portal, email, or mail?)
7. What is the **reimbursement rate** for these CPT codes with an LPCC?
• 90791 – Intake session
• 90834 – Individual therapy, 45 minutes
• 90847 – Couples/Family therapy with client present
• 90846 – Couples/Family therapy without client present

Submitting Claims

You would pay me directly after each session. I provide a monthly superbill that you can submit to your insurance for possible reimbursement. Any reimbursement is sent directly to you.

Using HSA or FSA Funds

Most therapy services qualify for FSA or HSA use. Some plans require a **Letter of Medical Necessity**, so it’s helpful to check with your plan administrator.