

Miranda Rohe, LCSW | Lightwork EMDR Therapy

Out-of-Network Fact Sheet

Fee Schedule for Current Clients of Miranda Rohe, LCSW	
60-minute session (CPT code 90837)	\$150
45-minute session (CPT code 90834)	\$110
Initial Assessment (CPT code 90791)	\$150
Billing Practices	
Payment is due at the time of service. The building of a balance could lead to financial stress for clients, to avoid this I do not allow sessions to continue until payments are up to date.	
All clients must have a credit card on file to book an appointment. Autopay is available if preferred.	
I do not submit claims on your behalf.	
If you would like to utilize your insurance benefits, you will be responsible for submitting claims and collecting reimbursement directly from your insurance provider.	

What to expect for reimbursement (i.e. the portion insurance will cover) when working with an out-of network provider:

Only your insurance customer service representative will be able to answer this question precisely. However, below I have done my best to lay out three potential answers to this question.

- A. You cover the cost of therapy yourself, submit a receipt (Superbill) to your insurance carrier, ask for reimbursement, and get a significant portion of the fee covered.
- B. Employer provides an HSA or flexible spending account which you can use to cover the cost of therapy services, or whatever portion is not covered by your health care benefit.
- C. You cover the cost of therapy yourself, submit a receipt (Superbill) to your insurance carrier, ask for reimbursement, and due to your specific plan your insurance carrier does not reimburse you, or only reimburses you for a small amount.

Call the customer service number on the back of your card to find out the precise amount your unique plan will cover for each therapy service.

Tip Sheet: Preparing for a Phone Call with your Insurance Carrier This document is meant to be an informal guide in helping you maximize a conversation with your insurance carrier to understand your out-of-network behavioral health care benefits. This document is not meant to make any assessments or predictions about your individual coverage. Only your insurance carrier can give you that information.

Miranda Rohe, LCSW specific information	
Provider Tax ID for Miranda Rohe, LCSW	88-3337053
Provider NPI	1386114395
Current Procedural Terminology (CPT) (The coding used to describe our therapy sessions)	90837: 53+ minute psychotherapy session with a masters level mental health clinician.
Diagnosis & ICD-10 Code	Talk to me directly if you would like to know the ICD-10 code for your specific diagnosis. For the purposes of your call you can say: "I have been seeing my provider for a covered behavioral health diagnosis, where claims have successfully been accepted"

Use the right side of this table to assist you with note-taking during your insurance call.

Important questions to ask your insurance representative	
Questions	Your notes / answers
Do I have an out-of-network deductible that is separate from my in-network deductible? If so, what is that amount?	<input type="checkbox"/> In-network deductible amount = \$_____ <input type="checkbox"/> Out-of-network deductible amount = \$_____
At what percentage (%) will you cover services with an out-of-network behavioral health provider?	<u>Co-insurance</u> <input type="checkbox"/> % of each service you're responsible for: _____ <input type="checkbox"/> % your carrier is responsible for: _____
My current provider, who is out-of-network, has a rate of \$150 for CPT 90837. Is this amount above or below your "max-allowable"?	<u>Max Allowable Above \$165?</u> <input type="checkbox"/> Yes ____ <input type="checkbox"/> No ____
If your carrier states their "max-allowable" is less than \$150, you'll want to ask: What exactly is the max allowable?	Max-allowable = \$_____

Common Insurance Terms and Definitions

Deductible	<p>This is the amount of money you must pay out-of-pocket before any benefit begins to apply. For example, your deductible was \$1000, you should plan on paying for medical expenses yourself, until you have reached that \$1000. Many things will “count” toward this number, beyond your therapy services. And some services, like preventative care are often covered even before the deductible is met.</p> <p>Note that some plans have TWO separate deductibles, one for IN-network charges and another for OUT. Make sure to ask about this.</p>
Contracted Rate	<p>This rate is often, but not always, different from “max-allowable” and refers to a negotiated rate that your insurance carrier uses with contracted IN network providers. When asking about max allowable, make sure to clarify that you are talking about working with an OUT-of-network provider.</p>
Max-allowable	<p>This term often refers to the maximum amount your insurance company is willing to ascribe to a certain service. For example, they might say: “Our max allowable for CPT 90837 is \$200”</p>
Co-insurance	<p>This is typically a percentage at which your insurance is able to cover health services. For example, “You pay 30% coinsurance” means that you are responsible for 30% of the service fee.</p>
Co-pay	<p>This is typically a set dollar amount for certain services. For example, your plan might say: “You pay \$20 co-pay for every outpatient doctor’s visit when you see an in-network doctor”</p>

The chart below offers examples and simple calculations to better help you understand exactly what portion of therapy services you will be responsible for, and what portion your carrier will be responsible for. Though this table reflects my personal experience both on the provider and consumer side, it should never replace information provided directly from your insurance carrier or EOBs.

Understanding max-allowable and estimating cost-sharing	
(A) Your carrier has a max-allowable fee that is lower than my full fee of \$150.	(B) Your carrier has a max-allowable that is higher than \$150. In this case, the calculations are simple:
<u>(Max-allowable for 90837) x (percent of service covered)</u> = The amount you will be reimbursed after submitting a claim	\$150 x <u>(percent of service covered)</u> = The amount you will be reimbursed after submitting a claim.
Total out-of-pocket expense = \$150 - The above number #	Total out-of-pocket expense = \$150 - The above number #
<p>For example: with 80% coverage for 90837, with a max-allowable of \$117: $117 \times .80 = \mathbf{\\$93.6}$ The total amount insurance would pay. $150 - 93.6 = \mathbf{\\$56.40}$ The total out-of-pocket amount you'd be responsible for.</p>	<p>For example: with 80% coverage for 90837, with a max-allowable at or above \$165: $150 \times .80 = \mathbf{\\$120}$ The total amount insurance would pay. $150 - 120 = \mathbf{\\$30}$ The total out-of-pocket amount you'd be responsible for.</p>
<p>*Please note, full fee will be collected within 14 calendar days of the day your therapy session takes place. You can opt to receive either weekly or monthly "superbills", which you then can submit to your insurance carrier for reimbursement. Unfortunately, I am not able to submit claims directly to your carrier nor accept payment from your carrier. If your insurance company erroneously tries to send a reimbursement check to Miranda Rohe, LCSW the policy is to void the check.</p>	