Understanding Your Out-of-Network Insurance Benefits

At GTS, our license and credentials are approved for all out-of-network benefits. Most of GTS's, clients receive 50-90% of our fee back within 30 days of claim submission to their insurance company *(this amount depends on the plan your employer bought you or you purchased)*.

Especially in NYC, it is recommended to choose health care plans that have a good out-of-network benefit. Many times, better providers (mental and physical health) tend to stay out of networks. A good out-of-network plan for behavioral health has the following features:

- Low deductible (0-$1000)
- 52 outpatient psychotherapy sessions a year or more*
  - *Timothy's law was passed in 2007, this law allows those with biologically based diagnosis's to have unlimited sessions. Check with your insurance company if your plan qualifies.*
- No authorization needed

Reasons why it's better to see an out-of-network clinician include:

Out-of-Network Clinicians	**In-Network (Managed Care) Clinicians**
Added Confidentiality **YOU and your clinician decide on your care plan.** No manage care company or "utilization review" person will ever get involved.	*Simply by using your in-network benefit, you are giving your consent for information such as your diagnosis and appointment dates to be shared with your insurance company. Plus they can review your record anytime, dictate the course of treatment, refuse payment and/or continuing treatment.*
Out-of-network clinicians have **<u>MORE TIME</u>** to coordinate treatment, offer proper follow-up, collaborate with outside providers, and are usually more accessible.	*Work three times as hard to earn the same pay.* *Often, have higher risk for burnout.* *Often, have little time. Offices often feel like a "factory line."*
Ease with getting an appointment.	*It is common for in-network clinicians to only offer the most unpopular times for session scheduling. Saving the popular time slots to those that are out-of-network clients. This happens because insurance companies pay one-third the market rates and require twice as much paperwork.*

There are several different types of insurance that cover therapeutic services, however, the length of therapy allowed and the kinds of diagnoses covered under individual insurance plans can vary. We recommend you contact your provider to discuss the current benefits of your policy.

Call the number on the back of your insurance card and ask to speak to someone about behavioral health benefits. Here are some basic questions to ask your insurance company to fully understand your out-of-network benefits:

1) **What percentage of your outpatient, psychotherapy sessions are reimbursed? _________%.**

2) **Do you need an authorization number to activate behavioral health benefits? If so, have it dated for the date of the first session and list the authorization # here:____________________**

3) **How many outpatient, psychotherapy sessions are you allowed a calendar year? __________**

4) **Are you covered under the "2008 Timothy's Law" which allows some members, <u>with a biologically based diagnosis</u>, unlimited behavioral health sessions? __________________**

5) **When does your calendar year start? _____________**

6) **What is your deductible? $__________**

7) **What is the mailing address AND FAX # to send behavioral health claims?**

____

____

8) **Can claims be submitted online <u>by the members</u>? If so, what is the web address? _______________________________**

(Submitting claims online, will allow you to get your reimbursements quicker).

We will provide you with the simple claim form for you to submit to your insurance company.