

Insurance FAQs & Tips

Why *doesn't* KCCAT participate in insurance panels?

Working as “*Out of Network*” from insurance allows KCCAT and other specialty clinics to provide the best protections of your privacy and the freedom to provide services towards the most timely and effective treatment for your individual needs. The decision and referral criteria used by insurance companies are most often related to cost management of the company, as opposed to clinical issues or factors such as provider training background and qualifications or the best-practice guidelines for a given disorder.

Our policies allow us to work closely with you in tailoring the most effective and cost-contained outpatient and intensive outpatient services that we are able for your individual needs. Although our structure for services can actually be more cost-effective in the long run, insurance may not typically reimburse for such sessions, nor portions of services that are “team based” as offered in supervised training clinics like KCCAT. It is our philosophy that our commitment and time is best spent providing individualized services of the highest quality and confidentiality, while minimizing unnecessary bureaucratic details, greater administrative costs, or delays in treatment.

Why might I want to consider not using insurance?

Many families are encountering increasing difficulties using their coverage, with many insurance companies changing and tightening restrictions and guidelines in response to new, upcoming, and even simply perceived tightening of regulatory systems. While certainly some companies *will* work with their members regarding covering these treatments, particularly when clinical necessity indicates a functional need for anxiety or OCD specialty treatment, it can be an extremely long process with many rounds of appeals. While many patients are successful in seeking reimbursement for at least a portion of their therapy fees, companies and individual policies highly vary. Some families have found alternative cost management strategies that may be more acceptable to them than fighting their insurance company. These include options such as utilizing Health Savings Accounts, low-interest credit cards, KCCAT’s available cost-control measures (i.e., our no-interest payment plan, the availability to work with lower-fee or trainee staff when clinically appropriate) and, finally, deducting health care expenses on their taxes.

How should I proceed if I choose to submit to insurance for KCCAT services?

Check directly with your insurance plan regarding your plan benefits for “Behavioral Health” or “Mental Health” and get the answer to these questions:

- Is your coverage an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization)?
PPO benefits typically allow greater flexibility and at least some level of reimbursement for out of network providers. However, many companies have recently been increasing restrictions for *every* type of plan.
- What are the company’s guidelines and procedures for pursuing a “Single Case Exception”?

Depending on your clinical situation and policy restrictions, your needs *may* qualify for accommodations that would provide you with higher, in-network levels of coverage reimbursement. Please discuss the insurance information you obtain with your therapist to help determine if this might be an appropriate avenue to pursue for your situation.

- What types of professionals and licenses will your policy reimburse you for?
KCCAT staff includes doctoral level psychologists (LP), Licensed Masters Level Psychologists (LMLP), and advanced graduate students working under the close supervision of our licensed psychologists. While patients are assigned a primary therapist appropriate to their needs, KCCAT works under a team approach as a center, with all services staffed and supervised by our director, Dr. Lisa Hale, towards the goal of consistent quality and comprehensive care. All providers are center employees billing under one Federal Tax ID. *Please Note:* When using insurance, your specific policy may have a number of designated restrictions as to what will be reimbursed. These widely vary, but can include degree type (Ph.D., M.A., M.S.W., L.P.C.) license level (temporary/supervised or full, number of years licensed, etc.), as well as type of service provided. All degree and license information relevant to our staff is located on your superbill receipts. It is your responsibility to review with your carrier what may or may not be reimbursed.
- At what “usual and customary” rates will your policy reimburse you for?”
“Usual and customary” (U & C) refers to the allowable charge an insurance company will consider for different services. Companies often reimburse percentages of the U & C (according to your plan). U & C rates are often extremely low and are **not** what treatment actually costs (or even an average of local provider rates).
- Are there CPT codes (Current Procedural Terminology) or other rules about what the company does not pay for?
CPT codes are used to indicate the type of service provided, and companies vary in terms of which codes they will pay. Often insurance companies will designate their own internal policies for covered codes or service restrictions. Our legal responsibility as providers is to code the most accurate description of the delivered service that we are able to from current published codes. The most common codes used and our fee schedule is as follows:

90801 Diagnostic Evaluation (A flat fee is charged for the entire assessment package.)

Therapy sessions, consult meetings, and phone calls are billed by professional time, pro-rated in 5-minute increments at that clinician’s fee, according to the following codes. Any time for travel charges (outside of therapy time) is charged at 50% of our normal rates.

90804 (approximate range of 20-30 minutes)

90806 (approximate range of 45-50 minutes)

90808 (approximate range of 75-90 minutes)

99354 is a companion code (billed *along with* the 90808 code) which accounts for extended session minutes above those accounted for by the 90808 (common with exposure therapy sessions).

Because we provide *individually tailored programs*, (as opposed to a set facility or group schedule, even for our intensive outpatient protocols) exact charges for a treatment protocol depend on the amount of time each individual requires and will vary from patient to patient, We do not bill for

time not used (e.g., if a session wraps up early), and we adjust our protocol as treatment progresses – to more or fewer sessions, or shorter or longer sessions, depending on response.

Our evaluation process helps us to estimate what we believe would be the least expensive but most effective treatment plan for each person, but we can't assess each person's response to the exercises until we get started. There are simply individual responses to exposure therapy not necessarily tied to symptom severity – e.g., there are times mild symptoms take longer than anticipated, while others with more severe symptoms can go much faster than originally thought. We always continue to assess and monitor, and will openly suggest alternative or adjunct referral options to consider if we believe them to be in the best interest of clinical need and cost effectiveness.

➤ What are procedures for mailing in forms on your own?

Many insurance companies have their own internal claims form you must fully complete in addition to sending in copies of your KCCAT superbill receipts (often on your policy's website). Carefully read their directions for completing and mailing, and contact your insurance representative with questions. Our office administrator or your therapist may also be able to provide guidance on completing clinical sections.

- ▶ State and federal parity laws may also influence how companies reimburse or process treatment claims for certain diagnoses, such as Obsessive Compulsive Disorder. Ask your company for information about their procedures and your rights.
- ▶ As mentioned, we will gladly assist you by providing brief summaries of the recommended evidenced based treatments and clinical rationale for our treatment plans, and can individualize this following your assessment appointment.

Where can I find further information about finding qualified specialty therapy and tips on talking to insurance about covering those services?

We realize that wading through the vast array of information out there can be complex and even discouraging but believe it is VERY important to become educated in advocating for your needs and rights when seeking a qualified treatment setting and when using insurance. To further aid you in this process, we can suggest the following specific articles written by qualified professionals and organizations that have provided guidance for many families. You will find links to these on our website resource page, or we can provide you a hard copy upon request.

IOCDF Article: [How to Find the Right Therapist](#)

IOCDF Article: [What You Need to Know About OCD](#)

IOCDF: [What To Look for in a Therapist Checklist](#)

We have many more general resource links available to you!

We encourage you to explore the websites of the Anxiety Disorders Association of America and International OCD Foundation, and your therapist can suggest possible additional readings to assist you in learning more about anxiety disorders and OCD.

<http://www.adaa.org/>

<http://ocfoundation.org/>