



It's December! Does Your Policy Have a Deductible?

Many insurance policies renew in January, and deductibles are reset back to their original amount and policy holders once again start paying more money than their regular copay until the deductible is satisfied. When you first started therapy with us, we verified the status of your policy and deductible information, but we do not do that for patients in January. Therefore it is **YOUR responsibility** to call your insurance company before January appointments and find out exactly the status of your mental health coverage. Also, **please inform us in December** if your insurance coverage is going to change!!!

We find in practice that about 50% of people understand how deductibles work and about 50% do not. Therefore, this document was created to help. We will use an example of a made up patient named "Sally."

Assume Sally is covered by ABC Insurance (another made up name). Insurance companies have contracted rates for their providers, and providers **MUST** follow these guidelines. In this fictional example, assume ABC Insurance has contracted with our practice to provide therapy services to its plan members at the following rates (insurance carriers have varying rates depending on policy):

\$123.46 for first sessions (called intakes where history is collected, forms signed, etc.)

\$107.57 for all subsequent sessions

Assume Sally has a deductible of \$300 and copay of \$20.00 and her policy resets every January

So if Sally has satisfied none of her deductible (as in January of each year), she would pay our practice \$123.46 for the first session (assume she is a new patient in January), and her deductible would then drop to $\$300 - \$123.46 = \$176.54$. For Sally's second session, she would pay our practice \$107.57, and her deductible would then drop to $\$176.54 - \$107.57 = \$68.97$. For Sally's third session, she would pay \$68.97, which is her remaining deductible. For her fourth session, she no longer has any deductible remaining and all she would owe at each session is her \$20 copay.

Often, a person's behavioral health deductibles/copays are different than their standard medical care ones. Therefore, when calling your insurance company, we recommend using the following script:

"Hi, my name is Sally and my member number is XYZ..... I am about to see one of your in network providers for behavioral health services. The provider is Newpol Psychological Services PLLC and they will be using CPT code 90791 for my first visit. **Once again, this is for mental health services and NOT medical services** (please repeat this sentence at least twice on the phone) so please tell me what deductible I have (if any) that needs to be satisfied before my copay kicks in."

Please understand if you are an existing patient with us, your script is going to be slightly different...you will say "I have been a patient with Newpol Psychological Services PLLC and they have been billing for mental health services using either CPT code 90837 or 90834 and I need to know if I have a deductible that will reset in January, or if I will continue only paying my standard copay." CPT codes 90837/90834 are based on length in minutes of mental health sessions and therefore either one may have been used for your sessions.

Thanks for your understanding. In January, as we begin to bill for services, if we find that your policy has a deductible, you will be responsible for payment and **NOT** your insurance company. Please ask any questions about this document you may have prior to January.