

HEALTH INSURANCE HELP SHEET

The description below is meant to help clarify how insurance works, and if your insurance policy will cover our sessions. Insurance is an exceedingly boring and complex topic, so bear with me as I try to make this as clear and painless as possible. If you have any questions please let me know.

IF YOU HAVE **AETNA HEALTH INSURANCE:**

Please let me know your full name, birthdate and W number off the face of your insurance card and I will look up the cost of our session for you. I take care of all claims and billing directly with Aetna, and you don't need to do anything other than pay the session copay.

IF YOU HAVE OTHER (NON AETNA**) HEALTH INSURANCE:**

I accept most insurance as an out-of-network provider. However, not all insurances have out-of-network benefits as part of their policies. The best way to confirm if your insurance policy will cover our sessions is to refer to your policy or call to ask. When reaching out to your insurer follow the telephone prompts to the "Coverage and Benefits" option to speak with a representative. Sometimes the option is also called "Eligibility."

Once connected to a representative begin by asking if you have out-of-network benefits for outpatient mental health (AKA behavioral health). If they say no, it may not work for us to meet (please see the section below). If they say yes, then ask what your coverage is for a CPT code of 90834 with a diagnosis of F41.9 in the zip code 10010. They should reply somewhere between 60-80% of the fee. In rare cases it is lower or higher than this range. Given my fee is \$200 your out-of-pocket cost will run between \$40-\$80 per session, depending on the percentage of coverage of your policy. It's at this point you should also inquire if you have a deductible (and how much) if you don't already know.

Some insurers may be able to look me up by my name or NPI number. If they ask, my full name is Matthew M. Kohut, LCSW and my NPI number is #1871837237. You may need this information for preauthorization, as well.

All insurance policies have a limit on the amount they will cover for each session called a C&R (Customary & Reasonable) cap. My fee of \$200 is usually below this cap, but in some cases it is over. It is worth confirming the cap amount to ensure the full fee amount is covered under your policy. If the cap is under \$200, please let me know the cap amount and I will try to meet you at that amount.

If the above all checks out we should be good to meet. At the end of each calendar month I will submit a claim on your behalf to your insurer. (If you would like to do this yourself, no problem and I can provide a receipt for you to file the claim yourself.) Once the claim is received they will process it and cut you a check back for the portion of the fee covered under your policy, minus any deductible. This usually is between 3-4 weeks after they receive the claim.

IF YOU HAVE NO OUT-OF-NETWORK BENEFITS OR NO INSURANCE:

MATTHEW M. KOHUT, LCSW

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(415) 317-5824

I currently am not accepting clients on a sliding scale, but am happy to refer you to a low fee clinic or a provider who takes your insurance as an in-network provider.

SOME BORING TERMS:

Deductible: The amount you are due to pay prior to the insurance policy kicking in. Some policies have no deductible, while others may have a very high deductible. Sometimes deductibles are shared across multiple members on one policy.

Copay or Coinsurance: The portion of my fee that needs to be covered by you, the patient.

Premium: The amount you pay the insurer (usually in the form of a deduction from your paycheck) to be a member their insurance program.