

Using Your Insurance for Out-of-Network Therapy

A Step-by-Step Guide for Families

Many PPO insurance plans offer **reimbursement for out-of-network mental health services**, making private-pay therapy more accessible than you might think.

The Triumph Center is an **out-of-network provider**, which means clients pay for services directly and can then submit claims to their insurance provider for reimbursement.

Our administrative team can help guide you through the process and provide the necessary documentation for reimbursement.

How It Works

Step 1: Contact Your Insurance Provider

Call the member services number on your insurance card and ask the following questions:

- Do I have out-of-network mental health benefits?
- What percentage of the session cost is reimbursed?
- How many mental health sessions does my plan cover per year?
- Do I need pre-authorization or a referral?
- What is my annual out-of-network deductible?

Many Preferred Provider Organization (PPO) plans offer partial reimbursement for counseling services. Health Maintenance Organization (HMO) plans typically do not cover out-of-network care.

How It Works

Step 2: Pay for Services Directly

All Triumph Center services are private pay and are due at the time of service.

Accepted Payment Methods:

- Cash or check (made payable to *Triumph Center*)
- ACH bank transfer
- VISA or Mastercard

We also offer **sliding scale rates** for families who qualify. Please call our office at **(781) 942-9277** to request a sliding scale application.

Step 3: Request Documentation for Reimbursement

After your sessions, our office will provide:

- An itemized bill (superbill) showing service codes, clinician information, and payment details
- All information needed to submit your claim for reimbursement

Submit this documentation directly to your insurance company following their claims process. Many insurers allow you to upload claims through your member portal for faster processing.

Questions to Ask Your Insurance Provider

Before beginning services, you may wish to confirm:

- What is the reimbursement rate for out-of-network psychotherapy (specify billing codes)?
- How do I submit claims for out-of-network services?
- Do I need a statement from the provider or specific claim form?
- Are there any time limitations for filing claims?

Insurance Billing Codes We Use

- Initial Evaluation: 90791
- 30-Minute Psychotherapy: 90832
- 45-Minute Psychotherapy Session: 90834
- 60-Minute Psychotherapy Session: 90837
- Group Therapy: 90853
- Family Therapy with Patient: 90847
- Family Therapy without Patient: 90846