



cultivate therapy

WHEN GROWTH MATTERS

Cultivate Therapy: How to Check Your Out of Network Coverage

Will my insurance cover our sessions?

That depends on your benefits. Cultivate Therapy is out of network with your insurance, but many members have out of network coverage and thus therapy is covered under their insurance. Clients with out of network coverage typically receive 50-80% of their session fees back after meeting a deductible.

You can also use FSA/HSA funds (and the debit card that comes with the account) to pay for therapy sessions.

You will owe your full session fee at the time of service, we will submit the claims for you, and your carrier will reimburse you directly once the claims are processed.

Our billing team will check your coverage and out of pocket costs before your first session. We are here to help! Email us at billing@cultivatetherapyteam.com.

How To Check Your Out of Network Benefits

We encourage clients to also educate themselves and be familiar with their own coverage. So here's how to check your own benefits.

Look at your insurance card and find the phone numbers on the back or front. There may be a number for "mental health/substance abuse" or "behavioral health"—if so, call that one. If not, call member services.

Ask the insurance representative the following:

- Do I have out-of-network coverage for counseling (also called "behavioral health" or "psychotherapy")?
- How does my out-of-network coverage work?
- Do I need to meet a deductible before coverage kicks in?
- If so, what is my annual deductible?
- After I meet this deductible, what is my coinsurance or copay? ie what percentage of the session fee will I be responsible for?
- Have I already met some of this year's out of network deductible?
- Is there a cap on sessions in a calendar year?
- Is there a pre-authorization process I must complete before my first session?

- When does my plan year renew? Do my benefits cover me from January 1 to Dec 31st, or another date range?
- What is your “allowable amount” for therapy? (ie what is your allowable amount for CPT code 90837). Can you explain to me how allowable amounts work?
- Do I have an out of pocket max? If so, what is it? Do my out of network expenses get counted towards my out of pocket max, or not?
- Is there anything else I should know before I start?

Best Practices: We recommend you document each call to your insurance company. Write down the time of the call, the date, the name of the person with whom you speak, a record of what they tell you, and the call reference number (a long number that they will give you). Keep this information in your medical records. You are welcome to email the information to our office as well if you have questions about what it means.

Flex Spending Accounts (FSA) & Health Savings Accounts (HSA):

If you signed up for a pre-tax Flex Spending or Health Savings account through an employer, you can pay for therapy with those funds. If you have a debit card for the account, put that on file with us and we'll take care of the rest. If you don't have a card, call your FSA/HSA provider to find out what their claims process is for therapy sessions. Our client system will automatically create a monthly statement for you in [our portal](#) called “Receipt for Insurance Reimbursement” specifically designed for FSA/HSA reimbursement.

General Note: Insurance companies follow a “medical model.” This term means they cover a patient with a diagnosis who needs treatment. If you ask “do you cover couples counseling or marriage therapy” they will say No. But this is misleading. You CAN use your insurance to cover therapy. You, the “patient” are still experiencing symptoms like anxiety, stress, depression, PTSD, or an adjustment disorder as a result of your relationship or family issues and you can get treatment. In summary, you CAN use your insurance to get care for all your mental health and wellness needs. Just ask “can I use my insurance to receive therapy for anxiety, depression, trauma, or an adjustment disorder?”