Frequently Asked Questions about Insurance

as known by Mindful and Multicultural Counseling (MMC)

mmcounselingcenter.com

We value helping our clients understand how to use their insurance and receive high quality services. We created this document to help you understand that you have choices, whether you decide to use in network or out of network benefits**. Updated October 3, 2026.**

Fees for 2026 and 2027 (Good Faith Estimate across all diagnoses)

CPT (procedure code)	Masters rate (provisional therapist- sliding fee)	Masters rate (independently licensed)	Doctoral rate
90791 (initial)	$125	$185	$235
90834 (45 minutes)	$105	$165	$190
90837 (53+ minutes)	$115	$175	$210
90846 or 90847 (couples/family)	$120	$190	$235
90832 (16-37 minutes)	$95	$130	$160

No Show/Late Cancellation (less than 24 hours notice) is $75

You and your therapist will determine length of session and how many sessions you should meet.

Diagnosis doesn't drive the cost of treatment. If you are seeing provisionally licensed clinician estimated cost for 13 sessions is around $1495. If you are seeing independently licensed clinician estimated cost for 13 sessions is around $2275 depending on length of session. If you are seeing a doctoral level clinician your estimated cost for 13 sessions is around $3055. This is based on 90837 billing code.

You are responsible for payment for each session conducted. If you are using insurance with an in-network provider or Horizon BCBS of NJ we will attempt to get payment from your insurance first.

Update about Horizon BCBS plans which impacts how we submit claims for our provisionally licensed clinicians:

To help expand access to behavioral health services for our members, beginning on **January 1, 2023**, Horizon will consider claims for reimbursement that are submitted for services rendered by New Jersey provisionally licensed social workers (LSW) and licensed associate counselors (LAC) therapists. These LSW and LAC must be practicing under a Plan of Supervised Clinical/Counseling Experience approved by the New Jersey Board of Social Work Examiners or the Professional Counselor Examiners Committee of the New Jersey Board of Marriage and Family Therapists.

Per the guidelines of our Behavioral Health Services Rendered by Supervised Practitioners reimbursement policy, effective **January 1, 2023**, we will consider claims for eligible services provided to patients enrolled in Horizon fully insured plans and Administrative Services Only (ASO) employer groups (including SHBP/SEHBP) by:

- LSW practicing under the supervision of a participating licensed clinical social worker (LCSW)
- LAC practicing under the supervision of a participating licensed professional counselor (LPC) or LCSW

In network vs out of network benefits

- In network benefits are used when you use a provider who is in network with your insurance plan.
- Some insurance companies have out of network benefits but not all insurance plans.

Pros and cons of in network benefits

- You can see a provider covered by your insurance plan and just be responsible for your copay or co-insurance (your payment responsibility for receiving services).
- There are fewer clinicians paneled by insurance companies for a variety of reasons.
- Sometimes it can still be expensive to see an in network provider because of high copays or co-insurance or if you have a deductible.

Pros and cons of out of network benefits

- You can see a broader range of providers.
- Usually you have to pay up front and then wait to see if insurance will reimburse you. You can think of it like putting money in a savings bank and getting it back later.
- Insurance plans that have out of network benefits can have different kinds of reimbursement. Sometimes they pay the provider directly and sometimes they pay you back. The split can vary in terms of what your actual out of pocket cost will be like.
- If you have "good" out of network benefits, you can end up paying a smaller copay than using an in network provider.
- If you can find a provider who does a sliding fee scale, like we have at our practice, you may be able to get good care while not breaking the bank.

What is a provisionally licensed therapist?

- All of the clinicians who take sliding fee at MMC are provisionally licensed. They have a masters degree and are being supervised by another clinician who is independently licensed to meet their clinical hours. They are well trained and because they are not independently licensed they are not able to be paneled by insurance companies so we offer a sliding fee scale for their services. We submit to insurance for out of network benefits when we can submit electronically.

What is a deductible?

- Some plans have a deductible which means you have to pay out of pocket first (usually contracted rates) until you meet your deductible. Example, if your plan has a $2500 deductible, you have to spend $2500 first on services before the insurance will cover some or most of the fees. The contracted rates are what is negotiated between the provider/facility and the insurance company. It is usually lower than the self pay rates for the provider/facility.
- Deductibles tend to reset at the beginning of the plan year. For many plans that is January 1st but sometimes your insurance resets at a different point in the year.

How do I know what my deductible is?

- Sometimes it is written on your insurance card or you can look it up online if you have online access to your insurance plan.

- You can call your insurance company to find out what your deductible is and how close you are to meeting your deductible.

What plans are in network with MMC?

- That varies by provider, but we are primarily in network with Horizon BCBS. Some clinicians are in network with Aetna, and one is in network with UnitedHealthcare.
- Our provisionally licensed clinicians offer sliding fee rates because they are not in network with any insurance plans.

What is great about having Horizon BCBS or Aetna plans and seeing a provisionally licensed clinician at MMC?

- Often when we submit claims, they are paid as out of network benefits because other providers in the practice are in network with the insurance and we submit as a practice (even though your provider is listed on the claim).
- Because we want to take the most conservative approach, we have you start out by paying the sliding fee scale ($75-100) and once we hear back from insurance, we modify your profile in Simple Practice (our electronic medical record) so that you no longer have to pay up front for services as the insurance company pays us directly. You will get a credit/refund for anything that will not be used for copays or services.

How does MMC help you utilize your insurance benefits if you are out of network?

- For any insurances that allow us to submit claims electronically (Horizon BCBS, Aetna, Oxford, UnitedHealthcare, Cigna), we will submit for you even if we are not in network.
- We tend to submit claims electronically every two weeks which is the fastest way to submit claims.
- If you have insurance that doesn't allow for electronic submission through our Simple Practice portal, we can send you a monthly superbill so you can submit it yourself.
- If you have Aetna or Horizon BCBS, we tend to have a 95% success rate getting you reimbursement for the claims.

Timeline for submitting claims to insurance

- We submit claims approximately every two weeks. Usually, it takes about 2 weeks to hear back from insurance companies. Sometimes you may receive your explanation of benefits (EOB) before we do.

What if I have Medicare?

- If you have a primary and secondary, usually Medicare is primary. We are not able to submit claims to Medicare for you and then use your secondary. We can give you a superbill to submit on your own if you want to see someone at our self pay rate.

Help me understand invoices I get from Simple Practice (electronic medical record for MMC)

- We verify insurance (for in network plans) before you start treatment. We build your profile in Simple Practice based on anticipated client responsibility. We hope to minimize any unexpected surprises, such as insurance is not active, deductible, high copays/co-insurance. It is always an estimate. We ultimately know what your responsibility is when we submit the claims and they are processed. You will get an invoice when you have a session (usually around midnight). Once we hear back from insurance, we will make any necessary adjustments to what you owe or a credit will be issued if applicable. Sometimes your insurance is covering the cost of copays or deductibles, but we don't know when that will end, so we don't change your profile in Simple Practice. You will get invoices that suggests credits or balance due once information from insurance is added into simple practice.

What are my potential costs if insurance doesn't pay?

- It depends on if you are seeing a provisionally licensed therapist (sliding fee rates) or independently licensed therapist (full self pay rates or contracted rates for the insurance company).
- There are different rates depending on the type of session you had. 45 minute session is less expensive than the 55 minute session.

If you have any insurance changes during the year please email us. Send us a copy of front and back of your insurance card and what the effective date is.

Any questions email: contact@mmcounselingcenter.com or give our office a call 609-403-6359

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