



Frequently Asked Questions

Where do I look if I am struggling with Mental Health and need a therapist?

- When looking for a Mental Health Provider you can contact your insurance provider to give you a list of approved providers in your area. - This will answer one of the first questions “do you take my insurance.”
 - While you are there, make sure to find out if you will have any co-pays or deductibles to meet (trust me this information will help).
- You can ask your Primary Care Physician for a list of recommended therapists
- You can go do www.psychologytoday.com/us/therapists or www.therapyden.com
- Do a google search of Mental Health Providers near me.

Does therapy work?

- In my experience, I see therapy work when one feels comfortable enough to share what is really their mind and want to change.

What if I don't feel comfortable with the therapist?

- It can be normal to feel a bit uncomfortable with your therapist at first. You are talking to a complete stranger about very personal stuff. However, if after a couple of sessions (my number is 3) you **STILL** do not feel any more comfortable, then it is worth a conversation with your therapist or time to find someone that fits you better.
 - Remember you are doing this to better yourself. Do not worry about the therapist's feelings, we are there to help you.

What if I think my medication is not helping?

- I am not a physician or prescribing doctor. I always will encourage individuals who have issues or questions with medication to speak to their Primary Care Physician (PCP).

What do I do in case of an emergency?

- If you or a loved one is in **imminent danger, please call 911.**
- If you feel you or a loved one is experiencing a mental health crisis, please call Behavioral Health Response Missouri: (800) 811-4760
- I am not available 24/7, please refer to the numbers above if you are experiencing a crisis outside of my normal work hours.

How do I know if I need therapy?

- If you feel that your daily life is being negatively affected, I encourage you to reach out.



How do I know if my child needs therapy?

- If you feel your child has been negatively affected by a life event, focusing too much on the negative, or displaying abnormal mental health behaviors, then it is worth the time to seek a consultation.

How long are therapy sessions?

- Therapy sessions typically last 45 to 50 minutes unless otherwise indicated by your therapist.
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How frequent are therapy sessions?

- Therapy sessions typically are once a week or every other week unless otherwise indicated by you or your therapist.
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Do you accept insurance?

- I am currently accepting United Health Care/Optum, Anthem/ Blue Cross Blue Shield, Aetna, Missouri Medicaid, Home State Health, MO Care, Health Link and Ambetter.
- What to do if your insurance company is not listed?
 - you may be able to receive reimbursement for fees as an out of network provider. Please contact me to see if I am on your insurance company's panel. A sliding fee scale is also available based on financial need.

Do I HAVE to use my insurance?

- *No, you do not have to use insurance if you choose not to.*
 - *Some people choose not to use insurance because Insurance companies REQUIRE a diagnosis in order to pay for your session. You may not want a documented diagnosis (as it is permanently recorded. Also, your diagnosis may not be reimbursed by your insurance. Insurance companies can also limit the number of visits they will pay or require prior authorization before reimbursing. Insurance can also request your information at any time for "review."*
- You have the option to use a sliding fee. A sliding fee is a fee system in which a client can slide up or down in accordance with their household income and ability to pay.

What happens when insurance is billed?

- After your session, the clinician will submit a claim to your insurance. This will state the date of service, the CPT code (explained below), and where the service took place (office, in home, tele-health). The insurance will inform the therapist of what is covered and if there is a portion for patient responsibility.
- If services are not covered, your clinician will discuss what options you may have.



- It is always best to reach out to your Health Insurance about your benefits and expected out of pocket costs. Therapist can also call but it is not guaranteed until the Explanation of Benefits (EOB) is available.
- What do all the CPT codes mean? CPT codes are a 5-digit code that is uniquely assigned to report a diagnostic procedure or therapy. The most common ones:
 - 90791 (Intake)
 - 90834 Traditional 45-50min session
 - 90837 Traditional 53-60min session
 - 90847 Family with the client. Would also be couples therapy, if one member has a diagnosis to be billed.
 - 90846 Family w/out client, can also be used as parent/caregiver sessions

How long will I be in therapy?

- Therapy is not one size fits all. The length of therapy is completely dependent on your needs and ability to engage in the process.

Is what I say in therapy private?

- Confidentiality means that what you say with me stays with me. I am bound by HIPAA. - The Health Insurance Portability and Accountability Act of 1996 (**HIPAA**) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.
 - If you want me to coordinate services with another professional (doctor, school, lawyer) I will have you sign a Release of Information to allow me to disclose any information.
- I am a Mandated Reporter, which means that I am bound to report suspicion of child abuse.
 - What I tell children: “I have to tell if someone is hurting you, you plan on hurting yourself, and if you want to hurt yourself.

What is the No Surprise Act?

- In December 2021 the government passed a law to help reduce Surprise Bills. This law is called the No Surprise Act aka NSA.
 - It appears this law was mostly created for big facilities like hospitals and emergency services. However, in the written language it includes most Healthcare providers which includes Mental Health Service.
 - The law also focuses on Out of Network benefits. This also includes individuals who do not have insurance or choose to not use insurance and pay out of pocket.



- Starting January 1, 2022, all Healthcare providers **MUST** provide an estimate of costs (called a Good Faith Estimate also referred to as GFE) to individuals who choose to pay out of pocket or use out of network insurance benefits for their healthcare services.
 - This includes clients prior to 1/1/2022.
- **You already told me the cost, why do I need to sign something else?**
 - Even though you and your provider agreed upon a fee and discussed your treatment plans, we **MUST** provide another document with specific information to be in compliance with the Law.
- **Do you have to put a diagnosis?**
 - We may truly want to but, currently, how the law reads we must provide something. If you are not comfortable with this, we may be able to use something called a Z-Code which provides a more generalized frame of treatment.
- **Is this still confidential?**
 - Yes, this form, like everything else, is still confidential and not released unless you give permission or court ordered.

What if my treatment does not take a year?

- It may not, with the nature of therapy it is hard to give an estimate of duration as new issues or deeper issues that may arise. To remain in compliance, we have given you expected charges of services for the year.

What if I need more services than I was quoted?

- You and your provider may need more time together to best serve your needs. If more services are needed: family therapy, couples therapy, consultations, or more frequent visits, a new Good Faith Estimate will need to be provided.

What if I owe more money than I was estimated?

- Take the following steps if you feel you were charged more than your GFE.
- Talk to your provider directly
- Call Ways of Play Counseling Services at 636.344.0580
- Contact Missouri Department of Insurance at 800-726-7390 or The U.S. Centers for Medicare & Medicaid Services (CMS) at (1-800-633-4227).