

A coastal scene featuring a large, rugged rock formation in the background. In the foreground, a person is walking through a stone labyrinth (mandala) constructed on a sandy beach. The ocean is visible in the distance.

Ten Tips for Play Therapists Navigating Insurance

| JAMIE LYNN LANGLEY, MSSW, LCSW, RPT-S

CLINICAL

EDITOR'S COMMENTS:

Being informed about insurance procedures can benefit play therapists in private practice and clients, alike.

One of the first decisions play therapists entering private practice need to make is whether to accept insurance reimbursement. There are compelling reasons for and against, but this issue propelled me into private practice. As licensed clinicians, several colleagues and I left our former employer when the administration decided to stop accepting commercial insurance. This comprised most of our client base, and we took our insurance clients with us.

Despite being paneled for years through my agency, I had to learn about navigating insurance claims in private practice. In many ways, it was like starting over. Here are ten tips for navigating the insurance process for clinicians beginning a private practice, wishing to add insurance reimbursement to practice, or aspiring to improve their current experience with insurance.

1. Stay the Course

Getting credentialed and contracted with insurance companies can be a lengthy process, taking from two to six months, depending on the company. Previously having been paneled helps with some companies, but not all. When transitioning from agency work to private practice, it is prudent to expect a three-month period for paneling to occur. Every insurance company has separate credentialing and contracting processes, each run by different departments. Because this process is protracted and tedious, some therapists hire someone to do credentialing and contracting for them, especially if they still work for an agency while trying to create a private practice.

2. Prepare the Application

To initiate the credentialing and contracting processes, clinicians will need to gather some specific information. This includes securing malpractice insurance and presenting insurance verification, establishing an employee identification number (EIN), updating their Council for Affordable Quality Healthcare (CAQH) profile, obtaining a national provider identifier (NPI), and reporting an office mailing address separate from home. The NPI is a unique ten-digit number assigned to providers under the Health Insurance Portability and Accountability Act (HIPAA). CAQH works with insurance companies to store provider information in one place, such as practice address and malpractice information.

Agency therapists likely will have a CAQH profile and an NPI, and will need to obtain numbers and access codes from their agency's human resources representative, then will need to update these for use in private practice. New providers can set up their CAQH profile online (www.proview.caqh.org, 1-888-599-1771), and can apply for an NPI on the National Plan and Provider Enumeration System website ([www.https://nppes.cms.hhs.gov/#/](http://www.nppes.cms.hhs.gov/#/)).

3. Research, Compare, and Apply

Insurance plans and policies differ, including the rates they offer and the paperwork required to contract with them. Therapists should investigate which insurance plans are offered most in their geographic area, and check with other area providers about their experiences and recommendations. When I took my caseload with me, I examined which insurance plans my

clients used most. I applied with the top three first, then I prepared the next three applications. These six companies provided enough referrals for my practice. For the few insurance companies that clients rarely used, I obtained single-case agreements.

Therapists need to research the insurance rates in the area. Agency therapists are paid a contracted fee per client, and many do not know the insurance company reimbursement rate. However, this information is invaluable. As an in-network private practitioner, I negotiated a better rate with one company that initially offered a much lower rate than the others because I knew the local reimbursement rates.

Another option is the out-of-network (OoN) benefit many insurance plans offer. Therapists can request OoN coverage during the in-network application period. Clients' OoN benefit amounts and co-pays may differ slightly (usually will be less) than in-network benefits. Having several OoN contracts with a company could help therapists secure in-network agreements with that company.

4. Note Provider Representatives' Names

In this electronic age, it may seem outdated to learn the provider representative's name for each insurance company, but s/he can be a valuable resource when credentialing and practice questions arise. When application hiccups surface, it helps to ask for the representative directly to check into things and to facilitate the process.

I had an application stall in the process. The provider representative for that company responded to my inquiries in a timely fashion and got my application back on track, checking with me throughout the process. Once approved, she came to my office to discuss the company's policy details.

5. Emphasize Your Specialties

During the application process, therapists may be told that companies have enough providers in their geographic area. In my experience, most of these other practitioners counsel adults. For two major insurance companies that had indicated being "full," I clarified how difficult it was for clients to locate therapists who accept insurance and specialize in working with children and families through play therapy. In emphasizing my specialties, I was admitted into both networks. Describing specialties to insurance representatives also may facilitate future referrals from the company.

Insurance companies often appreciate referring to providers who offer atypical appointment times, as well: evening or weekend hours that better accommodate families' school and/or work schedules. A part-time therapist in our group provides Sunday afternoon sessions. No other therapists in our area offered those appointment times. Offering atypical hours can help agency therapists start a private practice, fill community needs, and get paneled as private practitioners.

6. Learn the Billing Codes

Therapists must understand the use of current procedural terminology (CPT) codes, which is the language for billing services under insurance. Health insurance companies decide which CPT codes they will reimburse, so clinicians should obtain a list of all reimbursement-eligible CPT codes

and different plans available from each insurance company. This will decrease billing errors and non-payment issues, as clinicians will avoid billing for a non-covered CPT code.

Clinicians must understand fully what each code specifically covers. For example, CPT codes 90832, 90834, and 90837 refer to different individual therapy session times. Individual therapy can include “informants,” such as family members or caregivers. For play therapists, a combination of CPT codes can be used to include time to talk with caregivers as part of the session time, provided the client is seen for the majority of the session. This differs from family therapy CPT codes, which are used exclusively to bill for family therapy sessions, either with (90847) or without (90846) the client present.

“ ***Navigating the insurance process has a steep learning curve initially. Providing play therapy to children and families who want and need to use their insurance can be mutually beneficial to both clients and therapists...*** ”

In 2013, interactive complexity codes were introduced to specify a need for communication assistance during a session. The wording specifies the “use of play equipment... to overcome barriers to diagnostic or therapeutic interaction with a patient... who has not developed or lost expressive or receptive language skills to use or understand typical language” (American Psychiatric Association, 2012). Because play therapy facilitates developmentally appropriate communication with children, many play therapists use the add-on 90785 interactive complexity code. It cannot be used alone; it can be added to select therapy services, such as intake, individual, and group therapy, but not to family therapy.

Payment amounts for the 90785 add-on code can vary widely among insurance companies (e.g., from \$2 to \$12), and some do not pay at all. There is little risk in billing the 90785 code, because even if it is not covered, it usually will not trigger a denial of the original CPT billing code. Consistent with other CPT billing codes, clinical necessity for the 90785 add-on must be included in treatment notes, tying into why play therapy was chosen in the treatment plan. Ultimately, therapists are responsible for knowing CPT code details and differences and understanding usage norms; otherwise, they risk committing insurance fraud accidentally by making mistakes they could have avoided by reading provider manuals.

7. Understand the Norms

Understanding insurance industry norms will help play therapists properly reference CPT codes. The 90834 billing code is the standard in the therapy industry; this reflects a session time between 38 and 52 minutes, referred to as the “45-minute session.” Because 90834 is the

norm for most insurance companies, billing for sessions longer than this (i.e., using 90837 for sessions of 53+ minutes) could result in a denied claim or could require a pre-authorization for services. Therapists would have to argue clinical necessity to petition for longer session times on a case-by-case basis, because longer times are not standard practice. Clinicians should refer to their state-specific insurance details for accurate information.

Payment for different CPT codes can vary tremendously by state and by insurance company. In Tennessee, some companies pay the same for both 90837 and 90834 codes, a couple pay slightly more for 90837, two pay significantly more, and one will deny claims outright unless pre-authorization is obtained. It is also wise not to be too distinctive from therapists providing similar services. For example, if most play therapists bill for play therapy using CPT code 90834 (45 minutes), and another consistently bills CPT code 90837 (53+ minutes), s/he could be flagged by insurance companies, triggering an otherwise-unnecessary audit. Insurance companies periodically review clinicians’ code usage, and if one bills CPT code 90837 consistently, they will ask the therapist to explain the higher occurrence than standard. Play therapists who believe the 90837 code is warranted as their standard should document clinical necessity for that time frame and prepare to defend that practice should they be reviewed or audited.

8. Call for Benefit Information

Clients are not always familiar with their insurance benefits, including co-pay and deductible amounts. Clinicians can call the insurance company to verify clients’ benefit information; the number is usually on the back of their insurance card. Therapists can better estimate the clients’ precise payment responsibility at the time of service, and whether that fee applies to their deductible or to a designated co-pay. However, sometimes what insurance companies report on the phone does not match what they actually pay, which means a different amount is owed by the client. During the first appointment, I explain to clients that the amount owed could change, and this information is typically clarified once the first explanation of benefits (EOB) is processed.

9. Acquire an Electronic Medical Record (EMR) System

Many companies sell EMR or electronic health record (EHR) systems, so there are many options to consider. These systems store client records and make billing insurance companies easier and quicker. I sought feedback from colleagues and tried the top three recommended before choosing. Trying systems during free initial periods allows therapists time to explore different EMRs’ functions before making an informed decision. Alternatively, therapists can hire agencies to assist with billing, but they usually cost more than purchasing an EMR/EHR. I recently contracted a small, private billing company to assist with secondary claims and reconciling accounts a few hours each month so I could concentrate on providing therapy services.

10. Check with Colleagues

Sharing what works between colleagues is invaluable because insurance companies will not or cannot disclose billing information. For example, I

had some billings unexpectedly denied for not including a modifier, which is an additional code on the billing form used to provide supplemental information. When I contacted the claims department, I was told, "We cannot tell you how to bill." The provider representative for that insurance company did not return my calls. One colleague suggested I ask the company that hosts my EMR for information. In asking the right question, the EMR company responded in a way that helped me repair my insurance claims with the modifier so that the session could be reimbursed.

For therapists in remote areas with few collegial supports, there are several online forums to consult, including the Play Therapy Connection on the Association for Play Therapy website (<http://playtherapyconnection.a4pt.org/home>) and various groups on social media, some of which are devoted to play therapists. One Facebook group that I have joined and have found tremendously valuable for insurance-related issues is Insurance Credentialing and Billing for Mental Health Clinicians.

Conclusion

Navigating the insurance process has a steep learning curve initially. Providing play therapy to children and families who want and need to use their insurance can be mutually beneficial to both clients and therapists when these ten tips are followed. Griswold (2015) and Grodzki (2015) also provide helpful information to clinicians navigating private practice issues.

References

- American Psychiatric Association. (2012). *Interactive complexity guide*. Retrieved from <https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Practice-Management/Coding-Reimbursement-Medicare-Medicaid/Coding-Reimbursement/cpt-interactive-complexity.pdf>
- Griswold, B. C. (2015). *Navigating the insurance maze: The therapist's complete guide to working with insurance – and whether you should* (6th ed.). San Jose, CA: Paper Street Press.
- Grodzki, L. (2015) *Building your ideal private practice* (2nd ed.). New York, NY: W. W. Norton. 📖

ABOUT THE AUTHOR



Jamie Lynn Langley, MSSW, LCSW, RPT-S worked 27 years for an agency. She uses play, expressive arts, and sandtray in private practice, and provides play therapy supervision and training. She is an adjunct professor for Middle Tennessee State University and Lipscomb University, and serves as President of Tennessee APT.
jamielynnlangley@gmail.com