

Ketamine-Assisted Therapy

Pre-Service Eligibility Notice

To participate in Ketamine-Assisted Therapy (KAT), eligibility must first be determined. Eligibility is based on three things:

- ❖ The presence of a mental health condition that research indicates might improve with KAT (e.g., depression, post-traumatic stress disorder, obsessive compulsive disorder) *and* the absence of a mental health condition that research indicates might worsen with KAT (e.g., thought disorder).
- ❖ The absence of a medical condition that would put a person at risk for an adverse health event during KAT (e.g., severe and/or untreated high blood pressure, cardiovascular disease, heart arrhythmias).
- ❖ The mental health condition must be within the scope of practice of the therapist(s) you work with at Sub Rosa and, if you have an established outside therapist, they must be willing and capable to collaborate in the in the integration of your KAT treatment.

To determine eligibility, we have these criteria, generally in this order:

- ❖ Initial 30-minute consultation billed to insurance policy, no patient responsibility.
- ❖ Completion of a medical evaluation and possible medical records review with Sub Rosa's medical director and prescriber, Kathryn Lloyd, MD. This service is billed to insurance policy, and patient is responsible for applicable co-pays and deductible payments. The out-of-pocket fee for this service is \$250.00.
- ❖ If the patient is without a professional referral and/ or an indicated mental health diagnosis, completion of a psychological assessment with Sub Rosa's clinical psychologist, Jacqueline Stanley, PhD. This service is billed to insurance policy, and patient is responsible for applicable co-pays and deductible payments. The out-of-pocket fee for this service is \$500.00.

- ❖ Ketamine-Assisted Therapy requires weekly individual therapy with a licensed therapist at Sub Rosa Therapy or with a licensed outside therapist who is willing and able to collaborate with your KAT treatment. If you are currently in therapy, a release and consent form will be obtained from you to determine if your therapist is willing and able to assist you with KAT preparation and integration sessions.

You are responsible for payment of these eligibility determination measures even if it is determined that you are for any reason ineligible for KAT. We bill insurance for services associated with the medical evaluation, psychological assessment, and therapy sessions that your policy covers, but we do not guarantee payment by your policy.

We contract with Montana Medicaid, and we are in-network with the following insurance companies and programs: Aetna, Allegiance, Blue Cross Blue Shield, Cigna, First Choice Health, Mountain Health Co-op, Pacific Source.

We will provide you with a good faith estimate of what you may pay for these screening services in the following ways:

- ❖ We will provide you with a list of fees for screening services and therapeutic services. Please note again that individual and small-group KAT sessions are not covered by insurance. The 60-minute therapy sessions, medical evaluation, and psychological assessment (if required) are covered. A 10% out-of-pocket fee will be charged for cancellations of KAT sessions within 24 hours of the session. Please see document entitled *SRT Current Fees for Services*, which has been emailed to you.

We invite you to share any questions or concerns you have about the billing process with us so that we can do our best to create clarity and transparency.

Signing below indicates that you have read and understood this notice.

SIGNATURE AND DATE: _____