



Recovery Waters Counseling

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SEEKING REIMBURSEMENT FROM INSURANCE COMPANIES

While our practice is currently in-network with some insurance companies, it is possible you may have an insurance plan which we are not in-network. Our office submits claims to insurance companies for which we are in-network, but not for insurance companies that we do not have an existing contract. Many insurance plans allow members to see a provider that is “out of network” and receive partial or full reimbursement for those services. If your insurance plan does cover providers who are out-of-network, (and many in Alaska do) you may be able to send claims directly to your insurance company for possible reimbursement through a Superbill. We can provide you with a Superbill.

PROTECT YOURSELF AND DO THE RESEARCH

If you are considering using out-of-network benefits, it is wise to first contact your insurance company and ask the following questions:

- Does my insurance plan cover counseling sessions or mental health visits?
- Does my plan cover only individual counseling or will it also cover group, family, and/or couples counseling?
 - 90853 (Group Session)
 - 90847 (Family or Couples Therapy)
 - 90846 (Family Therapy without Client Present)
- How many sessions does my plan cover in a year? How many sessions do I have left?
- Does my plan cover services to out-of-network mental health providers?
- What is the deductible I have to meet before coverage to an out-of-network provider begins?
- What is my copay, or what percentage of treatment do I pay, when seeing an out-of-network mental health provider?
- Is there a maximum amount per session the insurance will cover for an out-of-network provider?
 - 90791 (Initial Diagnostic Session – First Session Only) RWC Rate: 350
 - 90837 (Individual 55-minute session- Normal Session) RWC Rate: \$250
 - 90834 (Individual 45-minute session) RWC Rate: \$220
 - 90853 (Group Session) RWC Rate: \$80

- 90847 (Family or Couples Therapy) RWC Rate: \$250
- 90846 (Family Therapy without Client Present 30 minutes) RWC Rate \$150
- 90846 (Family Therapy without Client Present 55 minutes) RWC Rate \$250
- How much time do I have to file a claim for out-of-network services?
- Can I have a group session (90853) and an individual session (90837) on the same day and be reimbursed for both?
- Do I need pre-authorization or a referral from my Physician to see a counselor (Typically only for TriCare Insurance)?
- If I need pre-authorization, do I need to call or does my counselor?
- What is the process to get reimbursed for out-of-network services?

Please be very clear about the last question. Each insurance company will have a slightly different process and it is vital for the practice to know what information your company will need and what form your company uses so that you can be given the proper documentation for your claim.

GETTING REIMBURSED

Upon request, Recovery Waters Counseling can provide you with a detailed invoice (called a "superbill"). It contains all the information that most insurance companies require. Please know specifically what your insurance company will need from you so that Recovery Waters Counseling can provide you with the adequate documentation that you need. Once you have your documentation, you can provide it to the insurance company so that it will potentially reimburse you for your payments. To obtain a superbill, simply let us know that you would like us to send you superbills and once your session is paid we can send you the Superbill with your amount paid for you to send in to your insurance company.

SINGLE CASE AGREEMENT

Because Recovery Waters Counseling focuses specifically on a specialized niche within the counseling field, and because there are no other therapists physically located in the state of Alaska trained as a Certified Sexual Addiction Counselor, Certified Multiple Addictions Counselor, and Certified Partner Trauma Specialist, your insurance company may be willing to work with a single case agreement for you to see a therapist at Recovery Waters Counseling and utilize In-Network rates. While we cannot guarantee that it will be more advantageous for you to do so, or that we can agree to your insurance company terms, we do encourage you to ask about this option.

SHOULD I USE MY INSURANCE BENEFITS?

For most people, using insurance to cover mental health concerns does not pose a problem. The unfortunate reality is that seeking mental health care through your insurance can sometimes have unplanned consequences. Insurance companies only cover care that is

"medically necessary". This means, that they will typically only cover counseling for issues that have a recognized mental health diagnosis attached to them. Your provider will be required to assign a diagnosis to you in order for you to get reimbursed for any counseling that you engage in. Furthermore, when submitting a claim to your health insurance, you permit your provider to provide the clinical information that the insurance company requires to substantiate the medical necessity of your care. Thus, your diagnosis and sometimes the supporting evidence for that diagnosis becomes part of your health record. This could affect your ability to get life insurance in the future. It could potentially impact other areas of your life that take your health record into account. Since the passage of the Affordable Care Act, it is more difficult for future insurance companies to use your health record as a way to deny future insurance coverage because of a preexisting condition so there are far fewer reasons not to use insurance benefits now than there were in the past.