

A Detailed Explainer For Out-Of-Network Reimbursement

Well Marriage Center offers specialized, relationship support from licensed, professional therapists. This allows many of our clients to receive significant or partial “out-of-network” reimbursement from their *private* health insurance providers; often somewhere between 25% - 90% of what you pay us. This is money that is mailed directly to you from your insurance company. Here is how you can get started:

Step 1:

Every private health insurance company and health plan is different. To get started, please call the customer service number on the back of your health insurance card. This call often takes only 5 or 10 minutes, depending on hold times.

You'll want to write down their answers to four specific questions:

- 1) Do I have out-of-network benefits for mental health counseling?
- 2) What is my annual out-of-network deductible (the amount of money you have to spend before these benefits begin); and have I met any of this deductible yet this year?
- 3) What is my plan's allowable amount for an out-of-network family therapy session? Give them CPT Code 90847.
- 4) And finally, what is my out-of-network reimbursement rate for family counseling? Again, this is CPT Code 90847.

Step 2:

Fortunately, the math is easy to determine what your cost share will be.

A) Deductible:

Let's say your out-of-network deductible is \$500. This simply means you will need to spend \$500 before your reimbursement benefits begin. Easy and straightforward. Depending on how your plan is structured, you may have already met some or all of that cost through other medical expenses.

B) Allowable Amount:

What is your allowable amount for an out-of-network family therapy session (CPT Code 90847)?

Let's say you learn that your insurance company sets the allowable amount for family therapy (CPT Code 90847) at \$150. This is your math starting point for an easy calculation.

C) Your Plan's Reimbursement Rate:

What is your reimbursement rate for out-of-network family counseling (CPT Code 90847)?

If your plan offers 60% reimbursement, you would just calculate what 60% is of \$150 (step B). In this example, you would get \$90 mailed to you for each session you did with us after meeting the deductible.

FAQs

1) What do your average couples get in reimbursement?

We consistently see anything between 25% - 90% of their allowable amount. We do have some fortunate couples who have such good health insurance that they get reimbursed 100% of the fees they pay us. That is rare, but it is possible.

2) Do you submit this for us or do we have to submit it to our insurance company?

We are not able to submit it to your insurance company, so you will have to handle that, but we try to do what we can to make the process as easy as possible for you. At the end of each month, our system automatically generates a superbill for you with ALL the information your insurance company needs. It's automatically uploaded to your client portal. You can print and mail it, or you can save and upload it to your insurance company. Unfortunately we can't submit this for you because we don't have a relationship with your insurance company.

We know working with insurance companies can sometimes be difficult, which is why we support you every step of the way.

3) Does Medicare or TriCare or other government insurances do out-of-network?

Unfortunately, most government health insurance providers do not offer out-of-network benefits. It still might be worth checking in with them, but most people who have TriCare pay our full out-of-pocket fees and we work with them on how often they are seen to make sure it works with their budget.

4) What if I have an HMO plan?

You'll want to call your HMO provider and see if they will approve you for our services. Sometimes you are able to get reimbursement from an HMO for 8 or 12 family sessions.

5) Does this require you to give one of us a diagnosis?

Yes, if you go in-network using your insurance or out-of-network submitting receipts, both will require a diagnosis. Seeing us on an out-of-network basis and not submitting to insurance is the only way to not need a diagnosis. If you want insurance reimbursement, we will give one of you a diagnosis.

6) Will this affect my clearance?

We serve many people in our armed forces or who work in government. We've been told time and time again that couples counseling isn't something that affects clearance. In fact, most organizations seem to encourage this type of counseling. But you would want to check and make sure.