

SEEKING REIMBURSEMENT FROM INSURANCE COMPANIES

Many insurance plans allow members to see any provider a member chooses and will pay some or all of that treatment. If your insurance plan does cover providers who are out-of-network, Millcreek Counseling & Adoption Services can complete the required documentation so that some or all of your payments are reimbursed.

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 plan cover counseling sessions?
- Does my plan cover only individual counseling or will it also cover family or couples counseling?
- 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 kicks in?
- 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?
- How much time do I have to file a claim for out-of-network services?
- Do I need pre-authorization or a referral from my PCP to see a counselor?
- 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

When you log in to your client portal, you can view and print your detailed invoices (called a “superbill”). A superbill contains all the information that most insurance companies require. If your insurance company requires that some other form be filled out, please have that form available for Millcreek Counseling & Adoption Services to complete. Please know specifically what your insurance company will need from you so that the practice 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 reimburse you for your payments.

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 pre-existing condition so there are far fewer reasons not to use insurance benefits now than there were in the past.