

Our Philosophy

We at Larch Counseling believe that counseling is most effective if it is controlled by the counselor and the clients they are working with, as opposed to any decision making being solely in the hands of insurance providers. This allows the work to be focused directly on the health of the client, and not based on the insurance companies process for accepting or denying coverage. Because of that, we work from an “Out of Network” position. We also ask that everyone that sees a Larch counselor is prepared to pay for the full cost of the counseling experience. Mainly to avoid beginning our work together and then a few weeks down the line the cost inhibits you from continuing. This causes a disruption in your healing process, and we want to avoid that.

However, many times insurance companies *do* reimburse for Out of Network services, and if they do, we would love to help you navigate that. We are happy to submit claims electronically for you to get out of network reimbursement. You can read more about the process below, but if you want to investigate your coverage, this next section is for you.

Planning Ahead. Will My Insurance Provider Reimburse?

Again, we ask that you only work with Larch counselors if you are in a position to pay for the counseling process without reimbursement, AND, we understand if you want to first investigate if your Insurance Provider will reimburse you or not. Here is some information that could provide useful in your investigation:

Overview of What is Required

In order to get reimbursed by insurance companies, we have to provide you with a Medical Diagnosis (Such as Depression, Anxiety, Adjustment Disorder), Identify an Individual Client (in family and couple work), and use a procedure code, known as a CPT code. The challenge is, only some Medical Diagnosis' and certain CPT codes get reimbursement from insurance companies. Different Insurance Providers also look at different counselor licenses, and reimburse based on that as well. This is becoming less of an issue, but depending on your coverage it could be. If one session we are working with just the individual, and then the next work with the family, the CPT code will be different for both those sessions. This means that insurance might reimburse one session, but not the next. There are some counselors out there who will not adjust the session type to make sure insurance reimburses, however, ethically we feel this is not the healthiest and most effective way of counseling.

Investigating if Your Insurance Provider will Reimburse

You will need to provide the following information to your Insurance Provider to inquire about your Out of Network coverage:

1. Most Common CPT Codes we use: 90837, 90846, and 90847.
2. The License of the clinician you wish to see:
 - a. Dan Claussen, M.S, LMFT, Lic# LF60875312
 - b. Aubrey Lane, M.S, LMFTA, Lic# MG 60848499

Larch's Out of Network Reimbursement Process

We collect the full amount from you directly at the time of service, or shortly after. At the beginning of the following month, we electronically submit an Out of Network claim for services performed in the previous month. These then enter into the insurance company's system, and they take it from there. They will often send correspondence to us if they need any more information, and we will respond to it. Any correspondence you receive, we also receive and will handle.

Hurry up and wait: a game you will often find yourself playing with insurance companies. Insurance companies take their time, but know that it is all about *when the appointment was*, and not *when the submission was made*. For example, if you are getting close to your deductible, you do not have to worry about insurance taking their time, they will backpay for services performed in the deductible cycle.

After they process the claim, they will send you a letter explaining your benefits, and in a separate correspondence, they will mail you a check for the reimbursement amount. If you have paid with an HSA card, they may ask if you would like it deposited back onto that card, and sometimes they do not. If you paid with your HSA card, it is important that the money goes back onto that card as it is tax deductible. Although the IRS probably does not go after people on this, we just want to make sure you are aware of the accidental mistake you could make. This is something you would need to follow up with your HSA provider to figure out.

For clarification on this process or follow up questions, please email Dan Claussen at: dan@larchcounseling.com