

## Using Health Insurance For Mental Health Services

Given the value placed on mental health at SFSU, we provide counseling and psychiatric services to our students as we are able. However, due to the limits on our resources, in working with a student with health insurance, at some point, we often encourage the student to establish on-going care with a mental health provider in the community.

There are many different types of mental health providers: Marriage and Family Therapists (MFTs), Licensed Clinical Social Workers (LCSWs), Psychologists (PhDs), and psychiatrists (MDs) to name a few. If you are being referred for a medication assessment and management, you should locate a psychiatrist (MD). If you are being referred for psychotherapy, you have many more options (MFT, LCSW, or PhD). In some cases, we may recommend both therapy and medication; if this is the case, you can choose to work with both a psychiatrist and a therapist or locate a psychiatrist who offers both. There are pros and cons to each of these options.

In general, the letters after the provider's name are less of an indicator about the type or quality of treatment you will receive than whether or not you feel comfortable with him or her. Trust your gut and don't hesitate to shop around if you don't find someone you like right off the bat.

## Understanding Insurance Coverage for Outpatient Mental Health

Check the insurance booklet you were given for your health plan. If you filed it away, this is an opportunity to get it out and put it someplace for easy access in the future. Look for the section marked "Outpatient Mental Health" in the table of contents or index. This section will list the yearly deductible, your co-payment for each visit, and the maximum number of visits allowed or the yearly dollar maximum.

**Deductible:** This is the amount you must pay before your insurance kicks in each year. Usually, it is about \$250, but some plans (often HMOs) have no deductible or have deductibles as high as \$2,000. If you have already seen other providers this year, your deductible may have been met.

**In-Network:** For HMO (health maintenance organizations) and PPO (preferred provider) plans, the term *in-network* refers to mental health providers who have

contracts with the insurance company to see patients at a reduced fee. If you see someone within the plan or in-network, usually there is no deductible and your co-payments are lower. This is the cheapest option. For HMOs, you must see someone in the plan. Occasionally, an HMO will make a single-case agreement to pay for an out-of-network provider if there are no other suitable providers in the area.

**Out-of-Network:** As you may have guessed, this refers to mental health providers that do not have contracts with the insurance company, i.e., they are not on the insurance company's list.

**Provider Lists:** Preferred provider lists may be inaccurate or misleading, listing many providers who do not do clinical work or are not taking new clients. On the flip side, some providers may be marked as not accepting new clients who actually are! Be sure to notify your insurance company if you are having problems obtaining a qualified provider on the list. They are obligated to provide care as part of the insurance contract.

**Single-Case Agreements:** If you have an HMO or PPO and no one on the preferred provider list can see you, it is possible to request a single-case agreement from the insurer to obtain treatment from someone outside the plan.

**Parity:** In California, insurers are required to offer the same limits of coverage for certain psychiatric illnesses as they offer for regular medical illnesses, which means no limits as long as the treatment is medically necessary. Currently, these illnesses are: anorexia nervosa, bipolar affective disorder (manic-depressive disorder), bulimia nervosa, major depressive disorders, obsessive-compulsive disorder, panic disorder, pervasive developmental disorders including autism, schizoaffective disorder, and schizophrenia. Be sure to check if parity will apply to you.

**Types of Psychiatric Visits (service codes):** Useful in estimating cost or getting information from the insurer about what they will pay for a given visit.

90801 Initial Psychiatric Evaluation (1-2 hours)

90807 50-minute therapy and medication management (MDs only)

90806 50-minute therapy session

90805 25-minute therapy and medical management (MDs only)

90862 25-min medication management only (MDs only)

**Estimating Costs:** If you do not have your insurance booklet and cannot get one from the personnel office at work or the insurance company, your best bet is to call the insurance company and ask the following questions:

1. What is my yearly deductible for outpatient mental health?
2. What is my yearly maximum for outpatient mental health visits?
3. Can you send me a list of in-network providers or refer me to one within my plan?
4. What if I want to see someone out-of-plan?
5. What is my deductible and co-payment for an out-of-plan provider?
6. Does parity apply to me if I see Dr. \_\_\_\_\_ and if my condition is \_\_\_\_\_?

We hope this serves to be a useful tool as you get started on the road to feeling better.