

A Place to Start: Children's Mental Health and Insurance

Have you ever encountered a problem with your health insurance plan in obtaining mental health services for your child? Are you being told that what your child needs is not a covered service or that your child's treatment is not "medically necessary?" Here are some general tips to consider when dealing with your insurance provider.

Carefully read your certificate of coverage or explanation of benefits.

Know what your benefits are and be familiar with your coverage limits for a given year, especially for mental health related services. There should be a section on definitions that explains unfamiliar terms. Look at how your insurance describes a covered service and how it describes what services are not covered. Be aware of what your responsibilities are when you need to access extra services. If you have received a denial letter for a mental health service from your insurance provider, do not automatically accept the claim that the service is not covered. Read your explanation of benefits and compare that language to what is written in the denial letter.

Keep good documentation.

Be sure to take notes regarding the person with whom you spoke, the date and time of the call, what the call was regarding, and the expected outcome or information you were given. Do not rely solely on information provided over the phone by an insurance company representative. Always find ways to double check the information you receive. Make certain all denials for services are provided to you in writing, not over the phone. Make your appeal or complaint in writing.

Develop a strong relationship with your child's pediatrician.

The role of the primary pediatrician for a child with a chronic condition, such as a mental health disorder which includes depression or

anxiety, etc., is extremely important. Ensure that your child's pediatrician is involved in your child's coordination of care. Make sure any specialists or mental health practitioners working with your child are communicating with the pediatrician.

Make sure requests, referrals, or orders for services come from a physician.

Have your child's pediatrician, primary care physician, psychiatrist or other medical doctor make requests and referrals for service. Such requests from a therapist or licensed psychologist are not accepted by insurers.

Find out if your insurance provider offers case management services.

Some insurance companies offer case management services to assist you in coordinating your child's health care needs. Find out if your provider offers this and if this would be of help to you.

Be prepared for emergencies by having an Emergency Information Form for your child.

You can obtain an Emergency Information form from the American Academy of Pediatrics Web site www.aap.org/advocacy/epc.htm. Your child's pediatrician may or may not be familiar with this tool, but discuss the form with your child's doctor and ask for his or her help to fill out this form. Keep copies at your child's doctor's and specialist's offices, on file with your local emergency room, and in an easily located place at home (on the refrigerator).

Know your insurance providers appeal process.

Law requires health insurance providers to have an appeal process. This information should be included in your explanation of benefits.

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File your appeal based on the denial reasons.

Services are typically denied for two reasons: they are not a “covered service” or they are not “medically necessary.” If “not a covered service,” explore this further. Is it a gray area? Should it be a covered service? If not “medically necessary,” base your appeal on why the service **IS** medically necessary for your child. Obtain strong documentation from your child’s mental health and medical providers on why the service is needed by your child.

For additional information on working with your insurance provider and useful tips on filing an appeal, contact Carolyn Allshouse, Health Advocacy Center Coordinator at PACER Center 952-838-9000 or 1-800-537-2237.