

Insurance Information

Recommendations for improving insurance reimbursement regarding treatment of eating disorders—a primer born out of much experience and conflict from many others who have preceded you.

1. Be very familiar with your insurance policy and its coverage limits and obligations. Have a copy by the phone whenever you speak to them and have them read it to you when they dispute what is covered so that you both know exactly what you are dealing with.
2. I recommend that you keep extremely detailed records of any communications with the insurance company (*I cannot emphasize how important this is*). This includes:
 - a. The name, title, and ID or reference number of the person with whom you spoke
 - b. The date and time
 - c. Their direct line and extension. Do not let them tell you they cannot be directly contacted—of course they can. Their spouses and schools where their kids go can call. You should be able to do so if they are handling your claims.
3. This includes: the date and time, the phone number you called, the name and title of the person on the phone, as much of the complete conversation as is possible. The most accurate way is to tape record your conversations whenever possible, but do so only within what the laws allow (your attorney can advise you on this). After all, they frequently will tell you, “For quality control issues, this conversation may be recorded”; therefore, you can do the same. Denial is difficult when there are actual recordings of conversations. You can also ask if they are recording your conversation if you are unsure. Ask them to preserve that tape for possible future reference.
4. Send all correspondence by fax or, preferably, by FedEx (or equivalent) requiring a signature, or by certified return-receipt-requested mail. That starts a time line that cannot be denied at some later date. It also names someone at the company who is responsible.
5. Keep an accurate log of when all bills are sent in, preferably a photocopy.
6. Find the name and same identifying data of any supervisor involved.
7. Let them know that you are following all of this information and that you intend to hold them to a timeline. Furthermore, notify them that you will hold responsible any individual or company whose unnecessary delays harm the patient or puts the patient at greater risk.
8. If they use terms you do not understand fully (for example, “*CPT codes*,” “*ICD-9 codes*,” or “*medical necessity*”), insist on an explanation at the time so that you are following all that they are saying.

9. With general statements or conditions like “emotional disorders” or “mental health problems”, be sure to get a commitment from them about what that involves. There is usually different and less coverage for psychological problems. NOTE: some conditions, especially eating disorders, do have a psychological component but are not exclusively mental health or psychological problems.
 - a. Companies often want it to be so because they traditionally do not pay as much for mental health problems as they do for traditional “medical” problems.
 - b. Clarify from them what they do when there are physical illnesses and diagnoses that they do cover but which occurs in someone who has an eating disorder (dehydration, stress fractures, hypoglycemia, osteoporosis, or amenorrhea, for examples).
 - c. Another condition, for example, that involves both physical and mental complications is alcohol abuse. If a patient has a wreck because he is driving while intoxicated, most insurance companies will pay for covered medical treatment resulting from the trauma, even though there was obviously a mental health issue as a primary cause of the trauma.
 - d. Still another example to use is diabetes. Patients with diabetes frequently have problems because they decide to eat the wrong things or behave irresponsibly in other ways (the psychological aspect). As a result, they have medical problems, such as coma, ketoacidosis, dehydration, and even death (physical aspects of diabetes). Almost universally, insurance companies will pay for the treatment of the medical problems resulting from the behavior of their insured.
 - e. If the insurance company has a track record of doing this for other problems, what is their justification for discriminating against patients with eating disorders?

10. Medical directors are physicians who are supposed to be licensed in the state where treatment is occurring and they are responsible for any medical necessity decision. If a medical director becomes involved, be sure to document the following:
 - a. His or her name, title, specialty, and direct contact number and address (do not accept a P.O. Box, as Fed EX cannot deliver to those addresses).
 - b. His or her expertise or experience in the evaluation and treatment of eating disorders. Stating that they are psychiatrists does not impart any particular knowledge or experience. As of the time of this writing, training in psychiatry has not mandated training in eating disorders. Non-psychiatric physicians usually have little training in EDs and more rarely in the psychiatric issues.
 - c. If there are medical problems being treated that go along with the eating disorder but not being covered, ask the physician if he or she treats those medical problems. If the medical director is a psychiatrist, then ask how qualified he or she feels to make judgments about the medical (i.e., *non-psychiatric*) treatments. If the medical director is so (and many non-psychiatric physicians do), then ask if he or she thought those were psychological problems they were treating or not.

11. If anyone tells you that they cannot give you a name or number, be sure to ask them (and, of course, document it) something like, “Are you telling me that it is impossible for me to

have the name and contact information of the people making the decisions about our coverage?" Should they reply, "Yes", tell them that you want that statement signed and faxed to you. If they refuse, then ask for a supervisor and keep working your way up the chain till you get someone who will do so. Then ask if your attorney would not be able to access that information. If they say yes to that, then, of course, you can also have the information (as your attorney would only be acting as your representative). They just do not want to give it to you.

12. **Take Photos!** If anorexia is involved, take a number of views to show the body as much as possible while maintaining as much dignity and respecting modesty. Yes, it sounds rather insensitive and if it is your daughter or son and they refuse, do not force the issue. However, as your child improves physically, the dramatic and visible evidence of how ill she or he may have been will fade. Those making decisions down the line (a judge or jury, for example) may see a healthy and attractive person then and have no idea just how bad off she or he was. Hearing about it is just not as powerful as seeing how it was. Please do not do this without the willing consent of your daughter or son!
13. Psychologists, psychotherapists, and dietitians are extremely valuable in the treatment of eating disorders. Some people have only gotten help from them. Insurance companies often are not as willing to allow those capable professionals to determine the need for certain or special treatments (hospitalization, for example) as they would a physician. At the same time, it can be difficult to find a physician interested in, skilled in, or willing to deal with eating disorders. But if you can, it does help your chances of success with an insurance company. Remember, treatment has to first be considered "*medically necessary*" to approve coverage.
14. At the first hint of problems with the insurance company, I strongly recommend that you solicit the services of an attorney experienced in dealing with insurance companies. As you are probably aware, eating disorders can be very expensive problems. While attorneys are also expensive, in the long run what you save, from what I have observed, is worth it.
15. **Another important aspect to all of this documentation:** All of this documentation creates one more piece that could eventually lead to the evidence needed to convince someone, such as the state attorney general or state legislature, of a problem that needs the intervention of a state authority.

If your insurance company does not have anyone on its provider list who specializes in the treatment of eating disorders:

1. Ask them to explain why they do not. Most companies will say that they do have psychiatrists or therapists who treat people with eating disorders. Then ask if those professionals specialize in the treatment of eating disorders and if they also treat the medical aspects of these complicated problems, as well.

2. If they say they do by some chance, that is hopeful, but get the names of the physicians and *whether they are accepting new patients*. Do not be too surprised if they do not know this. You may have to find out for yourself.
3. Then contact the doctor's office:
 - a. Ask if the doctor specializes in eating disorders (EDs) and if he or she is experienced in treating the medical problems as well. Ask if they are a member of any ED professional organizations and if they regularly teach or publish on EDs.
 - b. Ask how many patients he or she is currently treating for that problem or about what percentage of the practice involves treating eating disorders.
 - c. Then ask how soon an appointment can be made. If you or your family member is seriously ill, you should be allowed to have access to someone in an amount of time consistent with the urgency. If not, confront the company about that issue. If there is acute need, that needs to be by phone and/or fax with the insurance company with the statement that "time is of the essence" and explain why.
4. If the doctors whom they refer you to are not accepting patients or if the company does not have any one specially trained, experienced, or focused on eating disorders, contact the insurance company (by return receipt mail, fax, or by phone, depending on the acuteness of the situation) and ask them how they intend to rectify the situation. You will probably have to recommend that they allow for coverage with someone who does treat eating disorders but who is out of network. They should agree to reimbursement at in-network levels or establish what is called a "single case agreement" with the physician. Be sure to tell them something like, "Time is of the essence" and a specific time when a decision has to be made (say, 5 business days or, if urgent, 8 hours or whatever). Emphasize that a child's life or health is dependent on their rapid responses.

If the company states that it does not allow any coverage of eating disorders:

1. Before you speak with the company, read the coverage section of **your** policy. Pay particular notice to whether or not they cover any food or weight issues (gastric stapling, for example). Some companies have stated that they will cover gastric stapling when a physician or two say it is necessary and yet they may still refuse to pay for inpatient (or outpatient) care for anorexia or bulimia when a doctor recommends it.
2. See if you can get some explanation of their rationale for that policy, first verbally and then in writing.
3. Ask how long this policy (of not covering women with eating disorders) has been in effect.
4. Ask them if they are aware that it is a disorder that affects primarily women. If they are not aware of that (you can be sure that someone high up in the chain is aware of that, by the way) and even if they are, ask them why they are discriminating against women in this manner. Note: Anorexia is ten to a hundred fold more common in women than men, just as breast cancer is much more common in women (but does occur in men). Would they dare deny coverage for breast cancer?

5. Let a supervisor know you will protest this policy in the most vocal, public, and political way that you can.
6. There are others in the community and Texas (and elsewhere) who are actively trying to change this policy of many insurance companies. The attached notice can give you some to contact and I will probably have names of others who are trying to get better coverage and who have had much experience in this matter.
7. At this point it would be prudent to discuss all of this with an attorney skilled in dealing with insurance companies.
8. Again, it is unclear with the federal legislation that became enacted in January 2010, and with the federal health care bill that passed in 2010, how insurance coverage will be covered. Please see the websites of the National Eating Disorders Association (www.nationaleatingdisorders.org) and the Eating Disorder Coalition (the organization that lobbies for eating disorder legislation in D.C.) for perspectives on this.
9. Educate yourself as much as possible about these issues. The American Psychiatric Association has “Practice Guidelines” at: www.psychiatryonline.com/pracGuide/pracGuideTopic_12.aspx. Similarly, the American Academy of Pediatrics has a policy on management of eating disorders (aappolicy.aappublications.org/cgi/content/full/pediatrics;111/1/204), and the Society for Adolescent Medicine has a position paper on eating disorders: (www.adolescenthealth.org/PositionPaper_Eating_Disorders_in_Adolescents.pdf)

Our Policy on Insurance

This is a fee-for-service practice. We do not accept insurance for office visits or participate in any special insurance plans. At the time of visit, we will provide a form containing the necessary information needed for you to submit to your insurance company for reimbursement. While we make a considered effort to fill out those forms in a careful manner to enhance reimbursement, we cannot make any guarantees regarding how much, or even if, you will be reimbursed by your insurance company. Remember that you are the one who has a contract with that company and you should be very familiar with your company's policy.

It is our experience that when the doctor has to be the one responsible to negotiate and haggle with the insurance company, it can result in one or more of the following:

- 1. Higher cost, as it takes time, extra personnel, and delays payment—all of which costs money for the patient or patient's family and physician.**
- 2. Delays in payment and increased hassle factor for the physician eventually trickles down to diminished eagerness to see those patients whose insurance takes longer and pays less.**
- 3. Insurance companies fight long, drawn-out battles that they usually win by attrition.**
- 4. Distortion of the physician-patient relationship, which affects the quality of care.**

Without the obligations to the insurance company, perhaps over those to the patient, allows one to be freer to advocate for the patient about the care recommended by the physician. We do our best to be accurate and complete in transmitting our medical assessments and plans to the insurance companies, when asked to do so, and we are eager to do so to help our patients get appropriate reimbursement.

If you have any questions about these issues, please feel free to ask us.