

Fight For Your Rights: Getting Your Insurance Company To Pay For OCD or BFRB Treatment

Adapted from an article by Fred Penzel, Ph.D and is for informational purposes only

There is a secret that your insurance doesn't want you to know about. The rules say that your company is responsible for providing you with adequate treatment by properly trained practitioners. This is particularly so if you belong to an HMO, are required to see doctors who are a part of your plan, and are not covered for the services of professionals outside of your plan. OCD and BFRB specialists are, unfortunately, in short supply, and chances are good that you will not find one within your company's list of providers. The plain truth is that many specialists do not work for insurance plans. This is also true of most OCD and BFRB specialists. So in this case the fact that OCD and BFRB's are underserved can work in your favor when trying to get your insurance company to cover your therapy cost. There is also something called "continuity of care" which means that they have to respect the need to stick with the therapist you are already working with vs forcing you to start anew with someone else, which can apply if you have already been working with me for a period of time.

When you call let them know that you are pretty sure they don't have someone in network and if you have been working with me for a while, you can bring up the need for continuity of care. Before you make this first call, there is one word of caution. Always be sure to take notes of every conversation you have with anyone there, and always get the full name of each person you talk to. Insurance companies have a nasty habit of forgetting things they have promised or information they have given out. It is likely that your insurance representative will try to push for you to see someone else and they will likely come up with referrals. But it is also likely that the people they come up with are not really trained in working with OCD or BFRB's using ERP which is the gold standard for OCD or ComB (Comprehensive Behavioral Model) which is the best practice with BFRB's, both evidence based approaches. You can research the person or people they refer you to, ask if they do ERP or ComB respectively and where they got trained. It is likely they won't have a good answer to either of these questions. If you are in doubt, feel free to check in with me about their answers.

If none of the company's professionals pan out, you graduate to the next step, and are now in a position to make your plan give you permission to see the therapist of your choice. If they actually have the honesty to admit they have no one, this is even better, as you will certainly be able to force them to let you see whom you want, even if that therapist is not officially a part of your plan. What you do next, in either case, is to inform your insurance company that you have found or are already working with someone who is considered competent to treat what you have. I am a licensed psychotherapist (LMFT) with advanced specialty training and expertise in the treatment of BFRBs, anxiety disorders, and OCD-spectrum disorders using evidence-based psychotherapy interventions that adhere to the expert consensus best

practices guidelines for these disorders. You can find a description of these treatments in depth on www.bfrb.org and www.iocdf.org.

If your company admits that they have no one, they may want to contact the practitioner and negotiate what is commonly known as an "ad hoc," out-of-network, or "single case agreement." This will enable the professional to be paid their full fee, without your having to pay more than your usual co-payment. In effect, you will be covered on an in-network basis, not out-of-network. I do not do "single case agreements" or negotiate payments with insurance companies, however, you may tell your insurance company that because they have no one to treat your condition, you are requesting that they reimburse you directly for your out of pocket costs. They may deduct the amount of your copay from each session, just as this would be customary if you were seeing someone in-network. You may want to ask them how they plan to reimburse you (by session, monthly, etc.) and negotiate a reasonable agreement regarding a reimbursement schedule.

I will provide you with all necessary codes on an itemized "super bill" to submit to your insurance company. If they decide to put up a fight and get difficult about it, they will start by either telling you they simply do not cover out-of-network providers, or, if you have out-of-network coverage, that you are free to see someone outside their list, but that they will only pay out-of-network rates usually 50 percent of a fee that they think the practitioner should be charging (generally a lot lower than the going rate). At this point, you have to get more assertive and say something like, "I'm afraid you don't understand the situation. You have no one in your network who is qualified to treat me, and since you are obligated to provide me with care under the terms of my contract, you must now allow me to see someone out-of-network, but on an in-network basis, If you don't comply with our contractual agreement I will have no other recourse other than to report you to the CA department of managed care". This usually causes them to back down.

If they now realize you know your rights, they will ask for the name and phone number of the practitioner. I will be happy to complete paperwork or speak to your insurance company to assist in the process but please be aware that these calls can be very timely and charges for my time may apply. If your insurance company has agreed to reimburse you for your treatment, it is helpful to request a contract or statement of agreement in writing from the company. The paperwork should state how many visits have been initially approved with the practitioner, and the rate your company has agreed to reimburse you for various services (hopefully the full rate that I charge). The standard insurance service code for a first visit/intake is 90791, and for regular office visits of 55+ minutes is minutes is 90837, and the contract should clearly state how much will be paid for each. You will also need to know if your standard copayment will be deducted from this reimbursement.

If the insurance company still resists, you must then ask to talk to a supervisor, and assertively explain the situation one more time. If they insist that they really do have a

practitioner, ask for that person's name and credentials. Also ask if they are known specialists, and have specific training in treating OCD with E/RP or BFRB's with ComB. Also ask how many people with the disorder they have treated. Since you have already called a whole list of people, you may be able to inform them that the professional they have in mind for you, a) really isn't qualified, b) isn't taking new patients, or c) didn't know what E/RP or ComB was, etc. Hopefully, at this point, they will recognize they are now in a no-win situation and will give in. Most companies do at this point. If you have an unusually stubborn company that can't tell when they have no case, you may have to contact the state agency that regulates insurance companies, in CA this is the Department of Managed Care.

As I mentioned earlier, always be sure to get the full names of everyone you speak to at the insurance company, as you may need them if you file a complaint. Overall, be assertive, speak firmly, don't lose your cool, and indicate that you know your rights as a consumer. If you get angry, you will be labeled as difficult, and will undercut your own position. Just remember that the insurance company isn't doing you a favor if they let you go out-of-network (meaning only partial reimbursement). You (and/or your employer) are paying good money for your benefits and you are entitled to them. Don't be bullied, put off, or take "no" for an answer. Persistence pays off; so don't let them double-talk you. Never forget that you are dealing with a profit-making business with stockholders, and not a humanitarian organization. They are dedicated to paying out as little as possible and will use every ploy they can in order to do this. I have had many clients who have successfully negotiated with their insurance companies and received reimbursement for their therapy with me.