

Single Case Agreements: Is This An Option For You?

Many more experienced therapists do not participate in insurance panels. For those seeking help from a therapist with a specialization or specific level of experience, this can make it more difficult to use insurance benefits. Because of this, it may be helpful to determine whether your insurance may pay for services using a *Single Case Agreement*.

Determined on a case-by-case basis, a *Single Case Agreement* allows somebody to be treated as though he or she has in-network benefits by a therapist who is outside their insurance network of providers. The agreement is usually specific to therapeutic treatment within the current window of care.

Many insurance companies accept either a *Single Case Agreement* or have provisions for *Out Of Network* care. It may be helpful to contact your insurance company to discuss what options may be available to you that are based on your insurance plan.

Before you contact your insurance company, be sure to read your insurance manual. Although it can be tedious to do so, doing this can help you in your discussion with your insurance company. It is important that you are well-informed on your own insurance policy.

Psychotherapy, Sex Therapy & Your Health: Some Talking Points For Your Conversation

Psychotherapy is crucial to maintaining good physical health; this includes sexual health and emotional well-being.

Sexual health often involves other psychiatric diagnoses (major clinical depression, various anxiety disorders, etc.)

Psychotherapy can help prevent and reduce physiological complications involving lifestyle-related illnesses.

Psychotherapeutic treatment is based on psychiatric and medical need, and frequently requires professionals working collaboratively (e.g., general practice, endocrinologist, nutritionist, sleep medicine, urologist gynecologist, neurologist, psychiatrist, etc.).

Your psychotherapist or medical doctor can provide you with more helpful information. Please ask so you can be given more information that relates to your specific situation.

Tips To Help With Your Insurance Company

Call your insurance company about your mental health benefits. Have your insurance card with you and be prepared to give your policy number, group number, date of birth, and social security number.

Important: Keep a record of all of your conversations in a file for safe-keeping. In that record include the following: Date, Time, Name of person, Subject, Summary of what was said. When you call, get the name and the contact information of all persons with whom you speak. Write it all down as outlined above and keep it all in your file.

Prepare for the call by making a list of questions that you have. Along with your own questions, be sure to include the following:

- What are my mental health benefits?
- What is my deductible for mental health care? Has it been met?
- How many sessions per year is covered for mental health?
- How can I get a single-case agreement for mental health care?
- How much does my plan cover for an out-of-network mental health provider?
- Do I need approval from my primary care doctor for my mental health benefit?

- Request a list of therapists who work with your specific need. If your preferred therapist is not listed, ask what provision there is for a *single case agreement* for treatment from a therapist of your choice. Specifically state that you want to work with a doctoral-level therapist who specializes in sexuality and health-related issues.

- Be prepared to ask to speak with the representative's manager. A manager often has more authority to grant a single case agreement. When you speak with the manager, specifically state that you want to work with a doctoral-level therapist who specializes in sexuality and health-related issues. Remember to get the name and contact information for the manager. Write it down and keep it in the same file.

- If approval is declined by the manager, don't give up and settle for "no." Instead, do the following: (1) Get the name and contact information of the manager for your file. (2) Request a case manager to be assigned to manage your specific case. (3) Ask for a copy of the guidelines they use to determine level of care. *Please note: Your insurance is required to give this to you.*

- Next, go to your primary care doctor and get a referral specifically for your need. Then call your insurance again.

- If this does not work and you are still denied, ask your doctor to place a call or write a letter on your behalf, making the recommendation. (With your written permission, your therapist will likely be happy to help with this by talking with your physician.)
- If needed, talk to your EAP, your HR department, or ask your insurance agent to help.
- If this still does not work, do not hesitate to appeal. Give yourself permission to be stubborn and persistent. Ask the case manager for their appeals process. You are entitled to access your health care benefits when you or a family member needs them.
- Be persistent in the appeals process. Many denials can be reversed. Again, you are entitled to access your health care benefits when you or a family member needs them.
- If your request is still denied, insist that your insurance company take full responsibility in writing for your health and wellbeing. This should include their written acknowledgment that they are disagreeing with the qualified experts in the field and with the approved guidelines. *Do not hesitate to ask, "Are you willing to take responsibility for denying the care that my doctor has recommended?"*

Remember: Make notes about all your calls (day, date, time of call, name of the person you spoke with, summary of what was said). That this can help your future calls.

*******If necessary, take it to the next level*******

Call your state insurance commissioner.

Write a letter to the president of your insurance company. Send it certified mail with a return receipt so that you have a record of delivery.

Copy the letter to your State Attorney General, your State Insurance Commissioner, your state and federal representatives, any related advocacy organizations, your attorney, etc.

Be sure to include documentation, evidence and details.

**Food For Thought:
To Use Insurance Or Not To Use? Some Pros & Cons**

Pros

- You will only have to pay a co-pay if you see a therapist in your network.
- Your insurance company will monitor your progress and your treatment.
- Your insurance company will provide a list of approved therapists in your area.

Cons

- Your insurance company may want to know why you are in therapy and may have their own interpretation about what progress you are making.
- Your insurance company may access your files and notes and ask your therapist questions about your issues.
- The therapist assigned by your insurance company will likely be required to diagnose you with a mental disorder and that diagnosis will become part of your profile.
- Your insurance company may not cover the problem for which you are seeking help. This is often the case with sexuality concerns and couple relationship problems.
- The record of your diagnosis can follow you for many years, and may impact your employment or other life factors.
- Many therapists limit their number of managed care clients and reserve their best times for private pay, full fee clientele.
- Most insurance companies authorize a limited number of therapy sessions. Based on their own interpretation of your progress, they may or may not authorize continued treatment.
- Your insurance company may require that you meet an annual deductible prior to agreeing to pay for your sessions.