



# NAVIGATING THE INSURANCE MAZE

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Lynne Coon, LPC

[www.lynnecoon.com/May3resources](http://www.lynnecoon.com/May3resources)

# Presentation Overview

- Facts & Myths
- Nuts & Bolts of
  - Getting on panels (including closed panels)
  - Checking benefits / Billing
- Other insurance challenges
  - Insurance fraud
  - Medical necessity
  - Billing clients with Medicare benefits
  - Treatment Reviews / Ad Hoc or Single Case Agreement

# Preamble...

- Background
- Disclaimer
- Soapbox
- Warning

# Love/Hate Relationship

- Low reimbursement rates by some insurance companies.
- More paperwork than private pay clients.
- Ethical issues.
- Consider a mix of insurance and private pay.

# Myths About Insurance

- Limited number of sessions.
- Must provide treatment reviews.
- All insurance panels are closed.
- Group practices = access to panels.
- Unlimited sessions.
  - *Insurance only makes it financially possible to continue as long as needed rather than terminating prematurely because of cost. Less concern over money leads to better care with the focus on recovery rather than cost.*
- Insurance = greater need.
  - *If your goal is to help people who are most needy, accept insurance. Otherwise, use scare tactics about how insurance companies will know your private business, and then charge \$100+ cash for your services.*

# What You'll Need to Apply

- National Plan & Provider Enumeration System (NPI)
- Employee Identification Number (EIN)
- An office address
- A copy of your license
- A copy of your malpractice insurance

# How to Apply

- Council for Affordable Quality Healthcare (CAQH)  
- OR-
- Oregon Practitioner Credentialing Application

# What?? That's insurance fraud?

- Giving a diagnosis when one doesn't really exist.
- “I don't like diagnosing so I just pick Anxiety or Depression.”
- Using secondary diagnosis to avoid labeling/stigmatizing client instead of primary
  - Substance abuse
  - Personality disorder
- Using a CPT code to bill for writing reports, treatment summaries, or consultations with other providers, etc.
- Waiving balance between what insurance pays and your fee for out of network clients



# Insurance Companies

- In 2007 the major insurance players in Portland Metro were:
  - Regence 27%
  - Kaiser 23%
  - PacificSource 10%
  - LifeWise 9%
  - Healthnet 8% (merged with MHN in 2013(?) so %age probably higher)
  - **Providence Health Plans 8% (majority is managed by UBH/Optum)**
  - **ODS (now Moda) 3%**
  - PacificCare of Oregon 2% (managed by UBH/Optum)

From Margaret Sears (professionalpracticemanagement.com)

# Insurance Companies continued

- List of insurance company names on my resource page
- URLs change often
  - Google: [insurance company name] behavioral health panel provider
- Post licensure requirements
- Benefit of obscure panels
- Reapply periodically
- Medicare

# Open Panels

- Aetna
- Cigna
- MODA (formerly ODS) (if you speak a foreign language they need)
- Healthnet/MHN
- PacificSource (through Reliant Behavioral Health)

# Open panels continued

- What to ask when asking about openings:
  - Are you accepting new mental (behavioral) health providers?
  - Do you accept LPCs?
  - Do you have post licensure requirements?
  - What is your reimbursement rate?
  - What's the best way to apply?

# Cracking Closed Panels

- Reasons panels may open up periodically:
  - New contracts
  - Group practice got off panel
- Expertise that MAY help you get on
  - Certain foreign languages
  - Unique groups you run, ex. prescription medication addictions
  - Weekend hours
  - Live in a county other than Multnomah or Washington
  - Unique specialties, ex. pain management, Fibromyalgia, Geriatrics
  - Sometimes working with kids or adolescents

# What?? That's insurance fraud?

- Billing more than your usual fee
  - In network you have a contracted rate
    - Clients paying down deductible pay that rate
  - Out of network
    - Can't charge a fee you've never charged a self pay client
  - Have a published full fee for clients (on your PDS for LPCs/LMFTs)
    - Can have multiple published fees for:
      - Initial assessment
      - Individuals
      - Couples/families
  - You can have a sliding scale fee
    - Must bill insurance this amount
    - Can slide down but not up

# Congratulations!!

You got on a panel. Now what???

# What Being on Panel Means

- You accept the contracted rate
- Collect certain fees directly from client
  - Deductible amount, if any
  - Copay (fixed flat rate fee per visit)
  - Coinsurance, if any (amount client pays after insurance pays)
    - Not everyone has coinsurance.



# Checking Benefits

- Clients *can* check but they may need to know
  - What CPT code will be billed
  - What your license is
  - What your license number is
  - Your tax ID#
- What you need to know before the first appointment
  - Deductible amount, if any
  - Copay (fixed flat rate fee per visit)
  - Coinsurance (amount client pays after insurance pays)
    - Not everyone has coinsurance.

# Checking Benefits continued

- To check benefits
  - Insurance ID# off their card
  - Date of birth
- Check online:
  - OneHealthPort.com
    - Single Sign-on to many provider portals
  - Availity.com
    - Limited but growing number of providers
  - Insurance company website

# Checking Benefits—OneHealthPort.com



# Medical Necessity

- Minimum required to bill insurance
- Known or suspected DSM diagnosis
  - V-Codes usually not covered
- Treatment alleviates medical symptoms
  - Such as: Insomnia / Anxiety / Depression
- Insurance doesn't pay for (but client can pay out of pocket for it):
  - Personal growth / career issues / self esteem problems / communication issues / improving relationships
- Treatment you're providing is appropriate type, level & length
  - Referral to community support more appropriate
  - More intensive treatment more appropriate

# Medical Necessity continued

- Problem is resolvable in therapy
  - May reject or deny continued treatment without improvement
- Client making some progress
  - Or being stabilized to prevent relapse/deterioration.
- Client is motivated, participating, following recommendations.
- With a substance abuse diagnosis an evaluation has been done.
- Medications are being used, where indicated
  - Or it's documented why they aren't
- You are coordinating care with other providers
- When working with children
  - Your treatment plan includes family therapy (unless contra-indicated)

# Coordinating Care part 1

Who is your primary care doctor (PCP)? \_\_\_\_\_

Address and/or clinic name: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

**May I contact your PCP to coordinate care? If yes, please sign and date at the bottom of the page:**

## **CONSENT TO RELEASE Confidential Information**

I, hereby authorize **Lynne Coon, L.P.C.** to exchange information about:

\_\_\_\_\_  
(Name) (Date of Birth)

with \_\_\_\_\_  
(Agency and/or Individual)

Extent of information to be disclosed:

\_\_\_\_\_

Purpose of this disclosure of information: Coordination of care

\_\_\_\_\_

\_\_\_\_\_

**I may revoke this release, in writing at any time, except to the extent of action that has already been taken.**

Date, event, or condition upon which this release expires:

\_\_\_\_\_

*It is understood that the information specified above will not be released to any third party agency or individual without my knowledge and consent. State laws (ORS 192.500, ORS 179.505) and federal law (HIPAA, Pub protect the confidentiality of this information L. No. 104 – 191, 1996).*

\_\_\_\_\_  
Signature Date

# Coordinating Care part 2



Lynne Coon, Licensed Professional Counselor (LPC)

## Coordination of Care Form

Date: \_\_\_\_\_ From: \_\_\_\_\_

To: \_\_\_\_\_

Patient \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Treatment: \_\_\_\_\_

I am currently seeing this patient for:

<input type="checkbox"/>	Individual Therapy
<input type="checkbox"/>	Family Therapy

At this time, current working diagnosis:

<input type="checkbox"/>	Depression	<input type="checkbox"/>
<input type="checkbox"/>	Anxiety Disorder	<input type="checkbox"/>
<input type="checkbox"/>	Bipolar Disorder	<input type="checkbox"/>
<input type="checkbox"/>	Panic Disorder	<input type="checkbox"/>
<input type="checkbox"/>	Adjustment Disorder	<input type="checkbox"/>
<input type="checkbox"/>	Other _____	<input type="checkbox"/>

Expected course of treatment:

<input type="checkbox"/>	Weekly
<input type="checkbox"/>	2x a month
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	As needed

Comments:

I have requested the patient see you for:

<input type="checkbox"/>	Evaluation for psychotropic meds
<input type="checkbox"/>	Medication management
<input type="checkbox"/>	Physical examination
<input type="checkbox"/>	Blood panel evaluations
<input type="checkbox"/>	Other _____

Other concerns include:

<input type="checkbox"/>	Suicidal thoughts/ideations
<input type="checkbox"/>	Homicidal thoughts/ideations
<input type="checkbox"/>	Domestic violence
<input type="checkbox"/>	Substance abuse
<input type="checkbox"/>	Other _____

Current medications patient indicates taking:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Lynne Coon, LPC.

**\*\*Please feel free to contact me with any concerns or information that might be needed for this patient's care**

• 1020 SW Taylor Street, Suite 448, Portland, OR 97205 • Phone: 503-243-2283 • Fax: 503-488-5997  
E-mail: [counselor@lynnecoon.com](mailto:counselor@lynnecoon.com) • [www.counselorportlandoregon.com](http://www.counselorportlandoregon.com)

# What?? That's insurance fraud?

- Waiving copays, coinsurance or deductibles
  - In network providers have contracted to collect these
  - You can slide your fee
    - Example:
      - Full fee is \$100—you slide to \$50
      - Client has coinsurance of 30%
      - Client pays \$15 (30% of \$50)
      - You bill insurance \$50
  - You can setup a payment plan
    - Put it in writing
    - Have client sign it
    - Enforce it
    - If needed, after reasonable attempts to collect can write off



# Initial Appt. Reveals ≠ Medical Necessity

- Explain client would need to pay out of pocket.
- Will insurance company pay for
  - the initial assessment?
  - a V-Code?
- Client initially meets medical necessity
  - But thanks to your stellar treatment they get better
    - Monitor for stability
    - Discuss self pay

# Paperwork for Insurance continued

- Paperwork needs to be separated:
  - Right side has progress notes
  - Left side has
    - Information Form
    - Billing Authorization
    - Diagnostic Summary
    - Copy of insurance card

# Paperwork for Insurance

INFORMATION FORM

Today's Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Ok to leave a message? \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Employment: \_\_\_\_\_

Health issues: \_\_\_\_\_

Medications: \_\_\_\_\_

Past life traumas: \_\_\_\_\_

Present problems: \_\_\_\_\_

Past or present suicidal issues: \_\_\_\_\_

Past or present homicidal issues: \_\_\_\_\_

Past or present substance abuse issues: \_\_\_\_\_

Legal issues: \_\_\_\_\_

# Paperwork for Insurance

## **BILLING AUTHORIZATION**

(for clients using insurance or EAP benefits)

I, \_\_\_\_\_, hereby authorize Lynne Coon, L.P.C.,  
to bill my insurance company or employee assistance program.

\_\_\_\_\_  
Client's (Guardian's) Signature Date: \_\_\_\_\_

NOTE: If you're not the primary insured, please be sure to include the full name of the person who is  
and their relationship to you. In order to bill insurance I also need their home address and date of birth.

### **Primary Insurance Information:**

**Your Relationship to Insured:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

**Employer Name:** \_\_\_\_\_

**Individual ID Number:** \_\_\_\_\_

**Policy or Group Number:** \_\_\_\_\_

**Insurance Plan Name or Program Name:** \_\_\_\_\_

NOTE: If your partner has insurance or both your parents have insurance, I'll need information on the  
secondary insurer as well. The insurance company chooses how much they'll pay and often already  
knows if there's a secondary insurer.

### **Secondary Insurance Information:**

**Your Relationship to Insured:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

**Employer Name:** \_\_\_\_\_

**Individual ID Number:** \_\_\_\_\_

**Policy or Group Number:** \_\_\_\_\_

**Insurance Plan Name or Program Name:** \_\_\_\_\_

# Paperwork for Insurance

**DIAGNOSTIC SUMMARY**

CLIENT \_\_\_\_\_ DOB: \_\_\_\_\_ DATE OF FIRST SESSION: \_\_\_\_\_

**DSM-IV DIAGNOSIS:**  
AXIS I: \_\_\_\_\_

AXIS II: \_\_\_\_\_

AXIS III: \_\_\_\_\_

AXIS IV: ☐ Problems with primary support group:  
☐ Problems related to the social environment:  
☐ Educational problems:  
☐ Occupational problems:  
☐ Housing problems:  
☐ Economic problems:  
☐ Problems with legal system/crime:  
☐ Problems with access to health care services:  
☐ Other psychosocial and environmental problems:

AXIS V: Current GAF= \_\_\_\_\_

**RISK ASSESSMENT:**

<b>Present Suicide Risk:</b> <input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<b>Present Self-Injurious Behavior Risk:</b> <input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<b>Present Abuse/Physical Violence Risk:</b> <input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
<b>Last 3 months</b> <input type="checkbox"/> None <input type="checkbox"/> Ideation <input type="checkbox"/> Intent <input type="checkbox"/> Plan <input type="checkbox"/> Attempt	<b>Last 3 months</b> <input type="checkbox"/> None <input type="checkbox"/> Ideation <input type="checkbox"/> Intent <input type="checkbox"/> Plan <input type="checkbox"/> Attempt	<b>Last 3 months</b> <input type="checkbox"/> None <input type="checkbox"/> Ideation <input type="checkbox"/> Intent <input type="checkbox"/> Plan <input type="checkbox"/> Attempt

**MENTAL STATUS SUMMARY**

<b>APPEARANCE:</b> <input type="checkbox"/> Well-groomed	<input type="checkbox"/> Adequately groomed	<input type="checkbox"/> Disheveled	
<b>ATTITUDE:</b> <input type="checkbox"/> Cooperative	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Guarded	<input type="checkbox"/> Defensive
<b>SPEECH:</b> <input type="checkbox"/> Normal	<input type="checkbox"/> Slurred	<input type="checkbox"/> Loud	<input type="checkbox"/> Soft
<b>MOOD:</b> <input type="checkbox"/> Neutral	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Anxious	<input type="checkbox"/> Depressed
<b>AFFECT:</b> <input type="checkbox"/> Appropriate	<input type="checkbox"/> Expansive	<input type="checkbox"/> Labile	<input type="checkbox"/> Constricted
<b>MOOD &amp; AFFECT:</b> <input type="checkbox"/> Congruent	<input type="checkbox"/> Incongruent	<input type="checkbox"/> Blunted	<input type="checkbox"/> Irritable/Angry
			<input type="checkbox"/> Hostile
			<input type="checkbox"/> Rapid
			<input type="checkbox"/> Hesitant/Slow
			<input type="checkbox"/> Manic
			<input type="checkbox"/> Flat

<b>MOTOR ACTIVITY:</b> <input type="checkbox"/> Calm	<input type="checkbox"/> Active	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Tremors/Tics
<b>THOUGHT CONTENT:</b> <input type="checkbox"/> Appropriate	<input type="checkbox"/> Phobias	<input type="checkbox"/> Obsessions	<input type="checkbox"/> Delusions	<input type="checkbox"/> Hallucinations
<b>MEMORY IMPAIRMENT:</b> <input type="checkbox"/> Intact	<input type="checkbox"/> Immediate	<input type="checkbox"/> Recent	<input type="checkbox"/> Remote	

<b>IMPULSE CONTROL:</b> <input type="checkbox"/> Adequate	<input type="checkbox"/> Impaired	
<b>JUDGMENT:</b> <input type="checkbox"/> Adequate	<input type="checkbox"/> Poor	<input type="checkbox"/> Impaired
<b>INSIGHT:</b> <input type="checkbox"/> Adequate	<input type="checkbox"/> Limited	<input type="checkbox"/> Absent
<b>ATTENTION/CONCENTRATION:</b> <input type="checkbox"/> Adequate	<input type="checkbox"/> Distracted	<input type="checkbox"/> Disorganized
<b>THOUGHT PROCESS:</b> <input type="checkbox"/> Coherent	<input type="checkbox"/> Tangential	<input type="checkbox"/> Loose Associations
	<input type="checkbox"/> Detailed	<input type="checkbox"/> Vague
		<input type="checkbox"/> Confused
		<input type="checkbox"/> Perseverative
		<input type="checkbox"/> Rigid

# Insurance Billing

- Office Ally (<http://www.officeally.com>)
  - Free
  - Affiliated with many, many insurance companies
- Availity (<http://www.availity.com>)
  - Free
  - Limited number of affiliations with insurance companies
- TherapyAppointment.com \$57.50/month
- TherapyNotes.com \$59.95/month
- Therabill.com \$80/month
- Billing services
  - Flat fee per month
  - Percentage of amount billed

# What?? That's insurance fraud?

- Billing for individual sessions when you saw a couple or family
  - If you are seeing one of the individuals in the couple for a session or two
    - It would be appropriate to use 90846 (family therapy without client present)
      - Alternatively, if they have a diagnosable condition you could use their coverage
  - Individual psychotherapy codes can include time spent with client or family
    - Client must be present for some or all of the time
- Must use 90847 for couple's therapy

# CPT Billing Codes

- Initial appointment for diagnosis/assessment
  - 90791
  - (psychiatric diagnostic evaluation—no medical services)
  - Used for both individuals and couples
  - You can charge a higher rate for this appointment IF it's your published rate.
- CPT Codes: Individual
  - 90832 = 30 min. (16-37 min)
  - 90834 = 45 min. (38-52 min)
    - (most insurance companies will only pay for this even if you bill for 90837)
  - 90837 = 60 min. (53+ min)



# CPT Billing Codes continued

- CPT codes: Couples
  - 90847
  - Identified client must have a diagnosable mental disorder
  - Case must be made that couple's therapy is best method for treating it
  - If insurance company says they don't cover couple's counseling
    - Ask if they cover 90847
  - The member of the couple with diagnosis is the identified client on the claim
    - If both have a diagnosis either can be identified client
    - Bill the one with primary coverage.

# Out of Network Provider

- You collect money from client
  - Provide a receipt for client to submit to their insurance
- You should still check benefits and advise client
  - What they will pay you
  - What insurance will pay them
- If you know the insurance company will pay you
  - You could bill for the client
    - MODA/ODS & Providence will pay clinician
    - Regence will ONLY pay client
  - This is customer service oriented
    - Some risk
    - A financial investment

# Out of Network Provider continued

## LYNNE COON, LPC

LICENSED PROFESSIONAL COUNSELOR  
1020 SW TAYLOR, SUITE 448, PORTLAND, OR 97205  
TEL 503-243-2283

EMAIL: COUNSELOR@LYNNECOON.COM

INVOICE DATE: 05/03/14

Client:	Birthdate:
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(May be filled out by client):

Address:	
SSN or Plan ID:	Group #:
Insured/Responsible Party (if not client):	Birthdate:
Address:	
Insured SSN or Plan ID:	Group #:

Date	Place of Service Code	CPT Code	Service Description or Payment Type	Diagnosis Code	Charges	Credits
01/07/14	11	90837	Individual Therapy	296.32	\$1000.00	\$1000.00

Previous Balance	\$ 0.00
New Charges	\$ 1000.00
New Credits	
Total Owed	\$ 0.00
Date Due	

### Make Payment to:

☒ Client: \_\_\_\_\_ X  
☐ Other: \_\_\_\_\_  
☐ Lynne Coon, LPC \_\_\_\_\_

**Lynne Coon, M.S., LPC**

Licensed Professional Counselor, Lic. #C2375  
Tax ID: 27-3660091 NPI: 1033221296

# Employee Assistance Programs

- Another way to get clients in the door
- Rates aren't great
- Can range from 1 to 8 sessions
- Can be slow to reimburse
- Beneficial when on insurance panels

# Treatment Reviews

- Likely to increase with healthcare reform
- Likely to be a checklist
- Similar to documenting medical necessity
  - List specific symptoms
  - Indicate how treatment is helping
  - Goals must be clear, measurable, realistic and inline with diagnosis and presenting problem
  - Explain interventions
  - Don't be afraid to say if client is worse
    - Explain and identify new problems that come up, however small
  - Document referrals for medication evaluation, community resources, etc., even if client refuses them
  - Document safety plan if client is threat to self or others

# What?? That's insurance fraud?

- Billing for services you didn't provide
  - Missed sessions
    - Can bill client if contract allows this
    - Charge contracted rate
  - Billing for more time than you saw the client
    - The client shows up late or leaves early
    - Can only bill for actual time they were in your office
      - Client must pay the difference
- Changing dates of service
- Phone sessions
  - Allowed in Oregon
  - Use same CPT codes – different place of service
  - Check with your insurance company to see if you need preapproval

# Single Case Agreement

- You sign a contract for a single case when
  - Your client changes insurance to a plan you're not on.
    - Provides continuity of care.
  - No in network provider in your area can provide the necessary treatment.
- Considered an in network provider for this situation only
  - Might be able to negotiate a higher fee than in network or your full fee

# What else you need to know

- Bill promptly
  - Especially for new clients
  - Time limit on paying for services
- Be organized
  - Track who you need to bill for AND when you billed for them
    - Excel spread sheet
    - Office Ally



# Working with Medicare Clients

- Advantage plan NOT supplemental (secondary) plan
  - Client probably won't know which they have
  - Supplemental plans cover extra copays and deductibles
  - Advantage plans are PRIVATE insurance plans
    - They cover all the client's insurance bills
    - These plans must provide the same level of coverage as Medicare
- How to access Advantage plan
  - Same rules apply: in network vs. out of network
  - Send a Medicare Denial letter with claim

# Working with Medicare Clients continued

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Lynne Coon Counseling

January 28, 2014

Medicare Part B  
Attn: Written Correspondence  
P.O. Box 6702  
Fargo, ND 58108-6702

To Whom It May Concern:

I am requesting a "for Denial Only" letter.

I am a Licensed Professional Counselor (LPC) providing mental health/behavioral health services (CPT Codes: 90791, 90832, 90834, 90837). Because I am an LPC Medicare will not pay for the services I provide.

I am enclosing a copy of my license that shows my credentials.

Sincerely,

Lynne Coon, MS, LPC

Enclosure: Copy of state license showing credentials

# Resources

- To solve insurance problems or answer questions:
  - **Barbara Griswold**: Navigating the Insurance Maze
    - Book
    - Newsletter (updates)
    - [navigatingtheinsurancemaze.com](http://navigatingtheinsurancemaze.com)
  - **Fran Wickner** ([franwickner.com/?page\\_id=540](http://franwickner.com/?page_id=540))
  - **Deb Legge, PhD** ([influentialtherapist.com/influential-therapist/blog/](http://influentialtherapist.com/influential-therapist/blog/))
  - Billing services

# What?? That's insurance fraud?

- Having someone else sign your claims forms
  - A psychiatrist or a covered license holder who is on the plan (when you aren't)
  - Billing for an intern or an associate must be approved by insurance plan
    - You'd sign as "supervising therapist"
    - They'd sign as "treating therapist"
- Rewriting case notes before an insurance review/audit/appeal