**Why You Need to Start Talking Like a Nurse:
What You Need to Know About Parity and Medical Necessity**

*By Barbara Griswold, LMFT*
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**Why this matters to us:** Now that most plans can no longer impose annual session limits, many plans are taking advantage of a loophole still available to them to restrict treatment, known as "medical necessity." *Even if a member has coverage for unlimited sessions, the plan may refuse to cover ANY service it believes is not medically necessary. This is true for both in-network and out-of-network providers, and regardless of the plan type*.

To determine medical necessity for treatment, many plans now require periodic written or telephonic treatment updates so that care can be reviewed by case managers. For example, most Anthem Blue Cross of California accounts now require that providers complete an Outpatient Treatment Report (OTR) after 12 sessions.

**What we need to do:** To advocate on our client's behalf, we need to learn to speak the language of medical necessity when talking to case managers or filling out treatment reports. You may ask the plan for their Medical Necessity Criteria (often on their websites), but typically they are looking to see that:

* **There is a known or suspected DSM diagnosis (not just a V-code).**
* **Treatment must alleviate some measurable medical symptom** (such as insomnia, anxiety or depression). Therapy can't be solely for personal growth, career issues, self-esteem, communication, or improving relationships. Avoid treatment plans that focus on feelings awareness, healing the inner child, or finding meaning in life.
* **The symptoms must have decreased the client's level of functioning.** A DSM Axis V GAF (Global Assessment of Functioning) score above 40 and below 69 is often required for outpatient therapy.
* **The problem seems resolvable in therapy.**
* **Treatment is believed to be the most appropriate type, level, and length needed.** Clients reaching therapeutic plateaus may be considered more appropriate for referral to community support, while others may need more intensive treatment.
* **The client is making some progress**, or at least being stabilized to prevent relapse or deterioration.
* **The client must be motivated**, participating, and following recommendations.
* **When substance abuse is diagnosed**, an evaluation has been done.
* **Medications are being used, where indicated**, or documentation is made of why they are not.
* **You are coordinating care** with other treating providers and physicians.
* **When working with a child**, your treatment plan typically must include family therapy, unless contra-indicated.

**So, some tips for talking to a plan:** If your care is ever reviewed, here are some things to keep in mind:

1. **Imagine you work in a hospital.** Learn to describe and record your client's observable symptoms, progress, and your care in a very "medical model" way.
2. **Be specific**, noting symptom severity and frequency, and scores on even simple diagnostic tests. Look up the diagnosis in the DSM, and use applicable terminology (e.g. "hypersomia"). Identify symptoms and how they have negatively impacted the client's "Activities of Daily Living" (ADLs), such as work, family, friendships, finances, and self-care.
3. **Describe how treatment will reduce impairment, or prevent relapse or hospitalization.** What are you doing in session or what homework are you giving to reduce symptoms? Tie these interventions to your goals. Remember: The goal need only be to return the client to a baseline level of functioning, not complete symptom elimination.
4. **Make sure goals are measurable, realistic, and consistent** with the diagnosis. Avoid vague goals such as "help identify feelings, and support through divorce," which does not clearly spell out the symptoms being treated. Try to quantify goals. For example, instead of "client will sleep better" you might say "reduce reliance on sleep medication to no more than two times per month."
5. **Identify any progress**, however small, toward symptoms reduction or goals.
6. **Be prepared to discuss** why your chosen modality (individual/couples/family/group) is the most cost-effective way to treat the client's symptoms.
7. **Be ready to discuss referrals you have made, and coordination of care with treating professionals** (or be ready to explain why these did not occur).
8. **The plan may want you to discuss your treatment plan with your client**, and for you to do periodic check-ins.
9. **Above all, don't take his/her questions personally, and don't be defensive. They are just doing their job.** Imagine you just know more about the case, and need to educate the case manager about the details.

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