

pediatric mental health coverage sample letter

*strategies for system change in children's
mental health: a chapter action kit*

(place on chapter or practice letterhead)

Date

Dear Medical Director:

The American Academy of Pediatrics _____ Chapter is addressing the issue of pediatric mental health care. One area of interest is the level of benefits coverage available to children covered under private health plans.

Attached is a brief survey on the extent of coverage for pediatric mental health services. Please note that data are not being collected on fees paid or charged. The intent is to obtain a perspective on the scope of benefits for pediatric mental health care. It is understood that health plan coverage may vary based on the scope of benefits purchased by the employer or family. However, we hope to obtain a better understanding of mental health services that are covered under the standard health plan or as part of carrier policy.

Please let me know if you have any questions or need additional information. Your response by _____ would be greatly appreciated.

Sincerely,

Pediatric Mental Health Coverage Survey

1. Does the plan's mental health professional network include:
- Primary care pediatrician? Yes No
- Other primary care pediatrician? Yes No
- Developmental pediatricians? Yes No
2. Do you have standards concerning exchange of information between the plans' credentialed mental health professional and their patients' primary care clinician?
Yes No

If yes, do these standards include (*please check all that apply*)

- Verbal or written communication of a presumptive diagnosis and plan of treatment within 3 days of completion of assessment of the patient?
- Ongoing progress reports at least monthly?
- Description of the discharge plan when the mental health professional terminates the treatment?
- Other? (*Please list*)

3. Under the standard carrier contract with pediatricians, will your claims systems process and pay claims submitted by pediatricians using the following *Current Procedural Terminology (CPT)* codes for evaluation and treatment of behavioral and mental health conditions?

| CPT Code | Code Description |
|--|--|
| Yes <input type="checkbox"/> 99201/99202/99203/ 99204/99205 | Office or other outpatient services, new patient. Problem-focused history and examination |
| Yes <input type="checkbox"/> 99212/99213/99214/99215 | Office or other outpatient services, established patient |
| Yes <input type="checkbox"/> 99241/99242/99243/ 99354/99355 | Office or other outpatient consultations. Prolonged physician service with face-to-face patient contact; outpatient |
| Yes <input type="checkbox"/> 99441/99442/99443 | Use to report telephone calls made by the physician to patient/parent, or for consultation or medical management, or for coordinating medical management with other health care professionals. |
| Yes 96110 | Developmental screeningwith scoring and reportreport |
| | 96127 |
| | Brief emotional/behavioral assessment with scoring and documentation |
| Yes 96111 | Developmental testing, with interpretation and report |

4. Under the standard carrier contract with pediatricians, will your claims systems process and pay on claims submitted by pediatricians treating behavioral and mental health conditions using the *International Classification of Diseases, 9th Revision, Diagnostic Manual (ICD-9-DM)* codes listed on the following page.
Yes No

(NOTE: The chapter would determine which diagnoses they are interested in learning about coverage.) Thank you for providing this information.

collecting information for chapters mental health public and private

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This matrix serves as a template for chapters and their pediatric councils to gather information about public and private health plans in the state, regarding coverage policies for mental health services. It asks about what services are covered, which health care clinicians can provide them, and payment and authorization policies. Chapters and their pediatric councils are encouraged to gather this information on all major plans in the state and use the matrix as a way to compare the plans. The matrix can help identify gaps in services that chapters can address in their discussions with health plans.

| Plan Name | State Medicaid | Managed Care (HMO) | Self-insured Plan (PPO) | Other Plan |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | |
| How are patients authorized to receive outpatient mental health services? | | | | |
| Primary care clinician referral sufficient | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Primary care clinician obtains authorization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Phone Fax</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Electronic</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient/family obtains authorization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Phone Fax</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Electronic</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other, please specify: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Plan Name | State Medicaid | Managed Care (HMO) | Self-insured Plan (PPO) | Other Plan |
|---|--|--|--|--|
| | | | | |
| Does the plan pay primary care clinicians for outpatient mental health/substance abuse services? Yes No | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Does the plan provide a list of excluded diagnostic codes will not be paid when reported by primary care pediatricians? Yes No | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| If yes, does it permit ICD-9 deferred diagnosis (i.e., when a definitive dx is not yet known), will the plan pay on deferred dx codes? Yes No | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| How many visits can a patient receive after initial authorization? | | | | |
| Which mental health/substance abuse professionals does the plan reimburse for outpatient mental health/substance abuse services? | | | | |
| Are they restricted to certain employment arrangements? Yes No | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| If yes, specify arrangements. | | | | |

| Plan Name | State Medicaid | Managed Care (HMO) | Self-insured Plan (PPO) | Other Plan |
|--|--|--|--|--|
| <p>Does the plan allow primary care clinicians to bill “incident to” for mental health/substance use/abuse services delivered by a mental health professional in the primary care clinicians employ? Yes No</p> <p>If yes, which disciplines (eg, child and adolescent psychiatrist or licensed clinical social worker)?</p> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>Are there mental health/substance use/abuse providers with pediatric expertise available in all geographic regions of the state served by the plan(s) ? Yes No</p> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>Are children and adolescents matched with mental health/substance use/abuse providers who have pediatric expertise? Yes No</p> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

| Plan Name | State Medicaid | Managed Care (HMO) | Self-insured Plan (PPO) | Other Plan |
|--|--|--|--|--|
| <p>Does the plan have standards requiring mental health professional to communicate with primary care clinicians?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |
| <p>With reference to the following Evidence-based Child and Adolescent Psychosocial Interventions, which does the plan pay for? <i>(please check all that apply)</i>:</p> <ul style="list-style-type: none"> • Cognitive behavioral therapy • Behavior therapy • Parent training • Educational support • Interpersonal therapy • Family therapy • Applied behavioral analysis • Other, please specify: | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> |
| <p>Does the plan have mental health professionals qualified to perform the evidence-based therapies itemized above?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |
| <p>How many child psychologists per covered lives?</p> | <p><input checked="" type="checkbox"/></p> | <p><input checked="" type="checkbox"/></p> | <p><input checked="" type="checkbox"/></p> | <p><input checked="" type="checkbox"/></p> |

| Plan Name | State Medicaid | Managed Care (HMO) | Self-insured Plan (PPO) | Other Plan |
|--|--|--|--|--|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| How many child and adolescent psychiatrists per covered lives? | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| How many licensed clinical social workers per covered lives? | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| How many other child and adolescent mental health professionals per covered lives? | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| How many developmental and behavioral subspecialists per covered lives? | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Does your plan credential developmental and behavioral subspecialists as mental health professionals? Yes No | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Please explain: | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| In each state, what percentage of the plan's major products covers mental health benefits? | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Does the plan use an ambulatory managed behavioral health care company (eg, carve-out)? Yes No | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

| Plan Name | State Medicaid | Managed Care (HMO) | Self-insured Plan (PPO) | Other Plan |
|---|--|--|--|--|
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| If yes, which one(s)? | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| Which of the plans has the best mental health benefits? | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| What percentage of children in the state participate in this plan? | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| Does the plan have mental health co-pays and deductibles that differ from physical health co-pays and deductibles? Yes No | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| If yes, please specify: | [Redacted] | [Redacted] | [Redacted] | [Redacted] |