

Tips for Maximizing Your Insurance Reimbursement

It can be difficult and frustrating to obtain reimbursement for professional eating disorders treatment. Torrance Memorial Medical Center is affiliated with most major insurance carriers, so your hospital fees will be covered in the majority of cases. Dr. Schack, Dr. O'Brien, Dr. Kromberg, and Dr. Rai have opted out of participating in insurance plans because there is no provision for the extra time required to treat patients with eating disorders. However, some families have been able to get a large portion of our professional fees covered. It can also be hard to obtain reimbursement for post-hospital treatment in a residential or other intensive program. Again, the situation is difficult but not hopeless.

Over the years we have watched patients and their families struggle not only emotionally, but financially. We have written many letters and appealed cases on behalf of patients. And most importantly, we have learned from our experiences and those of our patients. We hope to pass on this knowledge so that you will be able to negotiate with your insurance company from the strongest position possible.

Prior to entering the hospital

- Call your insurance company to find out what coverage you have for residential eating disorders treatment. This will be important in discharge planning, as it is possible that this type of treatment setting will be recommended for your child.
- If you do not live in California, ask about out-of-state medical hospital benefits.
- When your child is evaluated in the office prior to admission, if he or she is not sick enough to be admitted, you will receive one or more alternative treatment recommendations.
- If your child is sick, there is rarely a problem with insurance approval, as we will approach the case as an emergency hospitalization. In almost all cases the hospital room fee and hospital charges will be covered according to your benefit package.
- When calling your insurance company, document the date, time, and content of all conversations, and the first and last name of the person you spoke with. If your child has been in treatment before, it is likely that a specific caseworker has been assigned. Find out who that person is and try to have your calls handled by them.
- If your son or daughter is in a community hospital and wants to be transferred to our program, have the attending physician call your carrier and explain that he or she is not an eating disorders specialist, that there is no eating disorders or adolescent medicine specialist on staff at your hospital, and that your child needs the specialized care that we provide. For adolescents, most hospitals have no pediatric/adolescent trained psychiatrist on staff; our hospital does (Dr. Rai). Your physician and/or outpatient psychotherapist should also say that your child needs psychotherapy sessions in the hospital with a psychotherapist experienced in the treatment of eating disorders (Dr. O'Brien). Many insurance carriers will pay for professional services given by out of network providers if you can show that they do not have comparable services available in network, and that the services are needed in your case. These strategies can also be used if you are not being transferred from another hospital; have your primary care physician call

- your insurance company after your child is admitted to our program and explain that your local hospital does not offer these services.
- Please do not have your company fax a “single case agreement” as these require us to discount our fees, which we are unable to do. Eating disorder cases require frequent communication among treatment team members and hospital staff, personal transportation to and from the hospital, intensive discharge planning, and frequently advocacy on behalf of the patient. It is difficult to recoup costs associated with these time investments, and there are no existing insurance billing codes that can be used for reimbursement of these services.

Hospitalization

- Occasionally, an insurance company will only approve the hospitalization for a limited time period. We will let you know if this happens and will appeal on behalf of your child. Most of these appeals are decided in our favor. However, you may need to get involved to increase the chance of success (see next section).

Discharge Planning

When our initial evaluations are complete, we will begin working with you to find an appropriate treatment setting after medical hospitalization is no longer necessary.

- For residential treatment, insurance benefits are commonly 30 days, whereas recommended treatment length is generally 2-3 months.
- Do not accept 30 days. Get your employee benefits department involved. Consider hiring an attorney. You can also use your local media, and contact your congressperson and state insurance commissioner.
- Write a respectful but firm letter to your insurance company stating your concerns. You may be able to use your lifetime benefit for intensive treatment. Some parents have had success when stating that they will hold their insurance company responsible for any negative outcomes resulting from treatment denials that go against professional recommendations.
- The staff at your chosen program will also be able to help with appeals to your insurance company.

For a more comprehensive discussion, we recommend the excellent book [Take Charge of Your Child's Eating Disorder](#) by Pamela Carlton, M.D. and Deborah Ashin. An entire chapter is devoted to insurance issues.