



What you can do to get your insurance company to cover your pain treatment:

Medical Psychology

To our patients:

If your IPCA doctor has requested medical psychology evaluation and testing for you, you may find that your insurance company denies coverage. This is usually because your insurance company misinterprets the request as a request for mental health treatment. The following information is intended to help you communicate to your insurance company in case your medical psychology evaluation is denied.

Usually, insurance companies deny coverage for the IPCA medical psychology evaluation and testing because they misinterpret the service as “mental health services”. Once they make this mistake, you will be denied insurance coverage either because:

1. Your plan does not have a mental health benefit or
2. The IPCA psychologist is not contracted as a provider of mental health services you're your insurance company.

You must help your insurance company avoid this mistake. The medical psychology evaluation, testing and treatment that your doctor has ordered is pain treatment, not “mental health” treatment.

Your doctor has made it clear in your clinic notes that you are NOT being referred for mental health services, and your insurance company has these notes. This is often not enough, but it is all your doctor can do.

Your insurance company may need your help understanding that the IPCA psychologist will be treating a medical condition, not a mental health condition. There is a difference, and there are even special billing codes issued to your insurance company by the government for psychologist's services that are not related to mental health services. Medicare pays for these services. The information below is intended to help you explain this to your insurance company.

The next few paragraphs are for your insurance company.

There is frequent misunderstanding surrounding the role of a psychologist in a clinic dedicated to treating medical conditions, and issues surrounding reimbursement for these services. Most third party payors have separate funding sources for medical treatment and for mental health treatment, and this has historically “split” the interdisciplinary treatment team and thus become a barrier to cost-effective integration of services for chronic medical (*not mental*) illness.

HCFA recently approved codes that are intended to facilitate payment for certain psychologists' services with physical health care dollars. These are the “Health and behavior assessment and intervention” codes 96150-96155 listed on page 368 of the 2002 CPT coder. The CPT coder says: “Codes 96150-96155 describe services associated with an acute or chronic illness (not meeting the criteria for psychiatric diagnosis), prevention of physical illness or disability.....” IPCA bills these codes for psychologists' services.



The *Health Psychologist*, vol 24, no 1: pg 11 describes HCFA's intent for these codes: "Federal reimbursement for the health and behavioral assessment and intervention codes will come out of funding for medical rather than psychiatric services, and will not draw from limited mental health dollars." The situation has been simplified: CMS has showed us the way to reimburse for pain services from a psychologist out of medical dollars. The situation is now similar to that for neuropsychology services.

IPCA exists to prevent and reduce physical illness and disability due to pain, and that is the role of the psychologist in our program. It is also the role of the pharmacist, the role of the nurses, and the role of the physicians. Our psychologists treat medical problems through the techniques discussed in the 2002 CPT coder description of the new codes. Since disability drives healthcare costs (according to no less an authority than the World Health Organization), your company and employers will save dollars when all the causes of disability and physical illness are addressed appropriately. We can provide specific examples of such savings.

The flip side of this is: what happens when a pain psychologist identifies a mental health diagnosis that is a barrier to medical treatment for pain? Simple: the patient is referred for treatment by the payor's contracted provider and the pain psychologist becomes the liaison between the contracted mental health providers and the physician-led team managing the painful illness.

I hope that this information clears the way for approval for the services requested for our patient.

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