Working Paper Summary

Insurance Companies Need to Authorize and Pay for Longer Therapy Sessions

Prepared for the MPA Advocacy Committee by Jim Leffert, Ed.D.

The Advocacy Committee of the Massachusetts Psychological Association has issued a Working Paper calling for health insurance companies *to pay a higher rate for longer sessions than for shorter sessions for the treatment of behavioral health disorders as determined by the clinician.* This change in insurance companies' practices would remove a major barrier to the provision of effective medically necessary behavioral health treatment to people in Massachusetts.

Background

The Center for Medicare Services (CMS) and insurance companies utilize a standard coding system for billing for medical and behavioral health conditions. This system allows for behavioral health treatment sessions covering a variety of session lengths. Medicare leaves it to the clinician's discretion to choose the session length that meets the client's needs, regardless of whether it is for 30, 45, or 60 minutes. With appropriate documentation, Medicare also allows for prolonged sessions lasting 90 minutes or more.

However, some insurance companies, including prominent companies that insure large numbers of people in Massachusetts, have designated 30 and 45 minutes as the standard session lengths for routine behavioral health services, even though clinical circumstances and research findings often dictate that treatment be delivered in longer sessions. Unlike Medicare, which reimburses providers for longer sessions, these insurers maintain policies that tightly restrict payment for longer sessions or eliminate payment for them entirely. These policies include:

- restricting payment to 30 or 45 minute sessions;
- restricting authorization for longer sessions to a narrow set of diagnoses or circumstances;
- allowing longer sessions but paying for them at the same rate as shorter sessions;
- imposing cumbersome, time-consuming, and vague authorization requirements.

When insurance companies restrict payment in this fashion, they are blocking subscribers' access to clinically and medically necessary treatment.

MPA is calling for a realignment of the payment practices of insurance companies so that they square with the treatment needs of individuals with behavioral health problems. Providers should be allowed to utilize longer sessions when warranted and receive adequate payment for devoting the time amounts that are actually needed for the delivery of medically necessary behavioral health treatment. Providers and insurers alike should

have as their highest priority ensuring that enrollees have access to effective and medically necessary treatment. Since insurance companies are the gatekeepers to behavioral health treatment for the vast majority of people in Massachusetts, current insurance company practices often prevent this and need to change if access to effective medically necessary treatment is to occur.

One might argue that preventing or tightly restricting payment for longer sessions is needed in order to constrain health care costs. However, given that the amount of money that is devoted to outpatient mental health treatment represents but a small fraction of overall medical spending in the United States, there is no justification for behavioral health treatment to be a target of cost-cutting efforts that are deleterious to behavioral health clients by depriving them of access to effective treatment.

In advocating for this change, MPA's working paper makes the following points:

I. *Cheaper treatment is not necessarily efficacious treatment*:

- Most of the evidence for the effectiveness of treatment for behavioral health conditions comes from research studies that utilized treatment sessions of 60 minutes or longer.

- There is little evidence that treatments delivered through shorter sessions are effective.

- Research findings indicate that longer sessions yield better treatment outcomes than shorter sessions.

II. *A wide variety of treatment modalities, for a variety of behavioral health conditions, all supported by research evidence, are designed to be delivered in longer sessions and cannot be properly implemented in 45 minutes. These include (but are not limited to):*

- Exposure-based cognitive–behavioral therapies (CBT's) for anxiety disorders.

- Trauma therapies, including Eye Movement Desensitization and Reprocessing (EMDR).

- Psychodynamic psychotherapies.

- Treatment of children and adolescents that includes collateral work with family members.

III. *Current insurance company policies deprive clinicians of the flexibility that they need to deliver effective medically necessary treatment.*

- Restrictions on payment for longer sessions to specific diagnoses or circumstances invariably leave some individuals with behavioral health conditions

on the outside, unable to access medically necessary treatment. For example, one insurer's guidelines permitted exposure therapy for panic disorder but not for treating simple phobia, e.g., avoiding medical appointments because of a phobia of blood and injections.

- Although an insurer's guidelines may allow for granting of authorizations in exceptional cases, this process is cumbersome, time-consuming and unreliable and has the effect of blocking access to effective, medically necessary treatment.

- Clinicians need the flexibility, regardless of diagnosis or treatment modality, to use extended sessions in circumstances such as when people with emotional regulation difficulties who become highly distressed or aroused during a treatment session; when doing working with children in high-conflict divorce situations in which collateral work must be done separately with each parent; when providing feedback and explanations of testing results to people who may have traveled long distances for this purpose. Therefore, instead of placing excessively tight restrictions on access to longer sessions, insurers should apply more expansive criteria that allow for clinical judgment.

- Even in circumstances in which research evidence is thin, behavioral health clinicians should be allowed to use clinical judgment in utilizing procedures that have shown efficacy with one population when they are working with a case that has similar, but not identical characteristics. This takes into account the difference between the controlled conditions of research studies and the real-life exigencies of clinical practice. It applies, for example, to treating people who have experienced significant trauma that does not fit the very narrow operational definition of post-traumatic stress syndrome. Such flexibility, therefore, should be allowed as long as research findings do not contraindicate the use of a particular treatment modality or procedure.

We acknowledge insurers' reasonable concerns for financial responsibility and for monitoring that appropriate treatments are delivered. If 45-minute sessions and the level of payment associated with them are to be considered the "standard" session length and payment, we accept that clinicians may be required to provide a justification and/or documentation of the reason for longer sessions. However, we insist that any procedures for the approval of such sessions must not be time consuming or pose an undue burden to the providers.

The Massachusetts Psychological Association Advocacy Committee
is calling for the following specific changes in insurance companies' practices:

1) Insurers should pay accordingly for extended length treatment sessions for behavioral health disorders whenever clinical circumstances warrant it as judged by the clinician.

2) Insurers should allow clinicians the flexibility to implement longer

session lengths regardless of specific diagnosis or treatment modality, provided that they document a justification for why time beyond 45 minutes is needed and as long as research findings do not contraindicate the use of a particular treatment modality or procedure.

3) Any authorization and/or documentation requirements should be designed so that they are not time consuming or impose an undue burden on the providers.