

Patient Bill of Rights: Mental Health Insurance



Guide to insurance for mental health care.

Mental Health Parity

State and federal laws require insurance companies to offer similar benefits for mental health and physical health, a concept known as parity. With few exceptions, insurance plans should make it just as easy to get mental health care as physical health care.

Laws that protect your right to mental health care:

- [The Affordable Care Act](#) (federal law)
- [California's Mental Health Parity Act](#)
- [California Senate Bill SB855](#) (2020)

*Health plans must ensure that requirements, such as copayments, deductibles, treatment limitations, number and frequency of visits, applied to mental health or substance use disorder benefits are not more restrictive than requirements applied to most of the medical and surgical benefits.
(DMHC)*

Access to Care

You also have rights related to access to care — there are laws your insurance company must follow. If you're having trouble getting adequate care in a timely manner, here are some of your rights to know about:

- You have the right to schedule a mental health appointment with a provider who accepts your insurance within 10 days
- You have the right to receive a plain language summary of your mental health benefits
- You have the right to request a provider (or translator) who speaks your native language
- Insurance companies must provide written information in your native language
- Insurance companies must pay or respond to your health claims within 30 days (45 days for an HMO plan)

A Note About Inpatient Care

If you are receiving voluntary or involuntary inpatient mental health care, like in a hospital, you have additional rights under the [Lanterman-Petris-Short \(LPS\) Act](#). For more on your rights, see the Department of Health Care Services' patient handbook.

[DHCS Patient Handbook](#)

www.dhcs.ca.gov/services/Documents/DHCS_Handbook_English.pdf

Where you can learn more about your rights

You can learn more about your health care rights and your rights to mental health treatment on the Department of Managed Health Care's website.

DMHC.CA.gov

What Are Your Mental Health Benefits?



Guide to insurance for mental health care.

Who to Call



Look on the back of your **insurance card** for the list of phone numbers.

Look for the **phone number for mental health benefits**. It may be labeled as:

- Mental health
- Behavioral health

If neither of these are listed on the card, look for the **name of a third-party mental health insurance**:

- Beacon
- Magellan

If none of these are listed on your card, **call the main customer service number** and ask who you should call to verify mental health benefits.

What to Ask

- What are my mental health benefits for in-network providers?
- Do I need prior authorization or a referral to access my mental health benefits?
- What is my copay for outpatient psychotherapy services? (Or for any mental health treatment.)
- Are there limits on the types or how many mental health appointments I can have?
- What is my deductible? How much of my deductible has been met already?
- How much will I have to pay out of pocket until the deductible is met?
- What happens if I can't find a therapist who takes my insurance?
- What are my mental health benefits for out-of-network providers?
- Do I have a primary or secondary insurance company? Who is primary and who is secondary?

blue  of california

blueshieldca.com

Members: Use Blue Shield of California preferred providers to receive maximum benefits.

Providers: Please file all claims with your local BCBS licensee in whose service area the member received services or, when Medicare is primary, file all claims with Medicare.

CA Providers: Call Provider Customer Service to obtain medical and hospital admission prior authorization to avoid reduced or non-payment; Pharmacists call for prescription processing information. Visit Provider Connection at:

blueshieldca.com/provider

CA Medical claims to:

Blue Shield of California, P.O. Box 272540, Chico, CA 95927-2540

(800) 894-5565 Customer Service
711 TTY
(877) 263-9952 Mental Health Customer Svc.
(877) 304-0504 NurseHelp 24/7
(800) 985-2405 LifeReferrals 24/7
(800) 810-2583 To locate providers outside of CA.
(800) 541-6652 CA Provider Customer Service (including hospitals)
(888) 635-8224 Pharmacists Only

Blue Shield of California, an independent member of the Blue Shield Association, provides administrative services only and does not assume any financial risk or obligation with respect to claims.

Ask for a plain-language summary of your mental health benefits and coverage.

Your insurance company is required by law to provide this information about your health plan. This can help you and your therapist understand your mental health benefits.

SAMPLE BACK OF INSURANCE CARD

When You Can't Find a Therapist Using Insurance



Guide to insurance for mental health care.

Step 1:

Call your insurance company. Look for the mental health phone number on your insurance card or online. Ask what they will do to help.

Step 2:

Advocate for a solution. You should have several options if you can't find a therapist. Here's what you might expect:

- Insurance company provides additional provider lists
- Single case agreement
- Pay a therapist out of pocket (and bill the insurance company for reimbursement)

Your Options

1. Insurance Company Provides a Solution

If you can't find an adequate provider who takes your insurance, the insurance company may provide you an alternate solution. For example, they may have an agreement with another company to share therapists. Kaiser Permanente does this regularly.

2. Negotiate a Single Case Agreement

A single case agreement is when your insurance company agrees to pay a therapist who doesn't usually accept your insurance. The therapist has to agree to accept what the insurance company will pay and be willing to work with them. You'll also want to ask the insurance company if there are any limits on how long the agreement will last.

3. Pay a Therapist on Your Own

Sometimes called out-of-network or self pay, you always have the option not to use your insurance. You can ask the therapist if they offer a "sliding scale," or a slightly reduce rate, to make their services more affordable. You may also be able to bill your insurance company for some of your expenses.

Know Your Rights

You have the right to find a therapist who accepts your insurance within 10 days and a reasonable distance from your home. You should also be able to access a specialist when needed. Remind your insurance company of your rights and consider filing a complaint if they aren't helping you get adequate care.

Get Help

For additional assistance working with your insurance company to resolve coverage issues, the Health Consumer Alliance (HCA) may be able to help.

[HealthConsumer.org](https://www.healthconsumer.org)
888-804-3536

Get Reimbursed for an Out-of-Network Therapist



Guide to insurance for mental health care.

Where to Start

When you pay your therapist directly, you may have the option to file a claim with your insurance company so they pay some of your costs. Ask your therapist how they handle these situations. Will they file claims for you? If not, you'll need to file the claim with your insurance company.

What Is a Superbill?

To file a claim with your insurance company, **you will need a superbill** — kind of like an invoice — from your therapist that lists all the charges you paid. A superbill should include:

- Therapist's name + address
- Therapist's EIN/tax ID number
- Therapist's NPI number + license number
- Your name + date of birth
- Your diagnosis codes (usually starting with F)

Each charge or session should be listed individually on your superbill. Every line item should include:

- Treatment code (Five-digit number that starts with 9)
- Treatment description
- Office location code
- Amount charged per session

How to Fill Out a Claim Form

Every insurance company has a different way to file claims. Some require a mailed paper claim form, others now have an online system. No matter how you file, always attach a copy of your superbill. Here's generally what a claim form looks like:

Member Claim Form

Not to be used for Medical, Pharmacy or Dental claims

ENROLLEE INFORMATION: Policy holder complete this section				Fill out about who holds the policy	
A1. EMPLOYEE'S NAME (Last Name)	A2. EMPLOYEE'S FIRST NAME	A3. GENDER	A4. DATE OF BIRTH	A5. EMPLOYEE'S SOCIAL SECURITY NUMBER	A6. DATE OF BIRTH
Lopez	Jane	C	05 05 1985		
C. EMPLOYEE'S MAILING ADDRESS (No., Street)		(City)	(State)	(Zip Code)	DAYTIME TELEPHONE #
123 Front Street		Clovis	CA	93613	(101) 867-5309
D. IS THIS A CHANGE OF ADDRESS? (New address must also be changed with Employer)		E. ACCOUNT NO. (on the front of your CIGNA ID card)			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Look for this on your insurance card			
F. EMPLOYER NAME		G. EMPLOYEE STATUS		*EFFECTIVE DATE (Date you started work)	
Name of Employer (other insurance forms may not ask this)		<input checked="" type="checkbox"/> EMPLOYED <input type="checkbox"/> RETIRED* <input type="checkbox"/> COBRA* <input type="checkbox"/> DISABLED*		MM DD YYYY	
				01 01 2020	
PATIENT INFORMATION: Complete only if patient is other than enrollee					
A. PATIENT'S NAME (Last Name)	(First Name)	(M/I)	B. RELATIONSHIP TO EMPLOYEE	C. DATE OF BIRTH	D. GENDER
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	MM DD YYYY	<input type="checkbox"/> M <input type="checkbox"/> F
E. PATIENT'S ADDRESS - IF DIFFERENT THAN EMPLOYEE ADDRESS (No., Street)		(City)	(State)	(Zip Code)	
F. AT THE TIME SERVICE WAS PROVIDED WAS THE PATIENT: <input type="checkbox"/> EMPLOYED FULL-TIME <input type="checkbox"/> STUDENT FULL-TIME <input type="checkbox"/> N/A					
ACCIDENT/OCCUPATIONAL CLAIM INFORMATION: Complete only if claim is a result of an accident or occupational (work related) illness/injury					
Skip this section if your claim isn't work-related					
A. ACCIDENT OR ILLNESS DUE TO EMPLOYMENT?	B. INJURY DUE TO AUTO ACCIDENT?	C. DESCRIPTION OF HOW ACCIDENT OR WORK RELATED ILLNESS/INJURY OCCURRED			
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D. DATE OF ACCIDENT OR BEGINNING OF ILLNESS		E. ARE YOU OR YOUR DEPENDENTS FILING A CLAIM OR LAWSUIT AGAINST A THIRD PARTY INCLUDING AN INSURANCE COMPANY IN ORDER TO RECOVER THE COST OF EXPENSES INCURRED AS A RESULT OF THIS ACCIDENT OR ILLNESS?			
MM DD YYYY		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Name of Third Party			
FAMILY/OTHER COVERAGE INFORMATION: Complete only if claim is for a dependent and/or other coverage is in effect					
A. SPOUSE EMPLOYED?	B. NAME OF SPOUSE (Last Name)	(First Name)	(M/I)	SPOUSE'S DATE OF BIRTH	
<input type="checkbox"/> YES <input type="checkbox"/> NO				MM DD YYYY	
C. NAME OF SPOUSE'S EMPLOYER	ADDRESS OF SPOUSE'S EMPLOYER (No., Street)		(City)	(State)	(Zip Code)
D1. IS THE PATIENT COVERED UNDER ANOTHER EMPLOYER GROUP HEALTH INSURANCE PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide: NAME OF HEALTH INSURANCE COMPANY EFFECTIVE DATE OF COVERAGE POLICY NUMBER TYPE OF PLAN (HMO OR PPO) IF KNOWN					
D2. IS THE PATIENT COVERED UNDER MEDICARE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES TO D1 OR D2, AND THE OTHER INSURANCE IS PRIMARY, ENCLOSE A COPY OF THE EXPLANATION OF BENEFITS (EOB) WITH THIS FORM AND THE ITEMIZED BILLS.					
CERTIFICATION					
Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime. For residents in the following states, please see the last page of this form: Alaska, Arizona, California, Colorado, District of Columbia, Florida, Kentucky, Maryland, Minnesota, Missouri, New Jersey, New York, Oregon, Pennsylvania, Tennessee, Texas and Virginia.					
I certify that the information supplied is true and correct.					
EMPLOYEE'S SIGNATURE				DATE	
X Sign here to say everything you have included is correct.				MM DD YYYY	
PAYMENT INSTRUCTIONS					
I authorize payment to be made directly to the healthcare provider(s) indicated on the enclosed bill(s)					
EMPLOYEE'S SIGNATURE				DATE	
X Only sign here if your insurance company is paying your therapist directly (instead of reimbursing you).				MM DD YYYY	
Please be aware that if the provider of service holds a contract with CIGNA, and its affiliates, payment will always be made to the provider at the contracted rate even if this section is not signed. If the provider is contracted with CIGNA, the provider will be paid by CIGNA at the contracted rate. If you have already paid for services, you should seek reimbursement directly from the provider.					
NOTE: The information provided on this form may be disclosed to other persons or entities, including my Plan Sponsor, for the purpose of processing this claim and performing health plan administration.					

What your insurance pays for an out-of-network therapist depends on your plan.

Insurance companies all pay differently for out-of-network services. Ask your insurance company to clarify how it will reimburse your claims so you know what to expect.

When Your Insurance Company Doesn't Pay



Guide to insurance for mental health care.

Your Rights

When an insurance company denies a claim, you have several options. First, the company must provide you a written reason for the denial. This will often be printed on your "explanation of benefits" that comes in the mail (or online). Look at the small print — it's not always easy to find.

COPIED									
DETAIL: Provider No. [REDACTED]									
Service Date		Type of Service and Provider Number	Amount Billed (including co-pay)	Amount Allowed (including co-pay)	Amount We Paid (Net Covered)	Patient Responsibility			
						Uncovered Services (Out-of-Pocket)	Co-payment	Co-insurance	Other
01/04/20		Office Medical (99201)	\$5.00	\$4.00	\$2.40	\$0.00	\$0.00	\$0.00	\$0.00
01/11/20		Office Medical (99201)	\$5.00	\$4.00	\$2.40	\$0.00	\$0.00	\$0.00	\$0.00
01/18/20		Office Medical (99201)	\$5.00	\$4.00	\$2.40	\$0.00	\$0.00	\$0.00	\$0.00
01/25/20		Office Medical (99201)	\$5.00	\$4.00	\$2.40	\$0.00	\$0.00	\$0.00	\$0.00
Claim Totals:			\$20.00	\$16.00	\$9.60	\$0.00	\$0.00	\$0.00	\$0.00
			Adjusted Payment:		\$9.60				
<p>Message: Interest of \$0.40 was paid for this claim.</p> <p>Your Health Plan has sent an informational Explanation of Benefits to [REDACTED]. This is an adjusted payment for a previously processed claim.</p> <p>Diagnosis and treatment codes billed on this claim and their meanings can be requested by contacting Customer Service.</p> <p>Thank you for choosing Blue Shield.</p> <p>To see the entire services and support available to you, go to www.blueshieldca.com.</p>									

Sample: Explanation of Benefits (EOB)

What You Can Do

1. Try to Resolve the Issue With the Company

When you receive a claim denial, you may be able to resolve the issue directly with your insurance company, especially if the denial was a simple mistake. Start with a phone call.

2. File a Grievance With Your Insurance Company

If you can't resolve your claim issue, your next option is to file a grievance through your insurance company. You should be able to find information about this process on your explanation of benefits, online or over the phone. Typically the review process will take about 30 days.

3. File a Complaint With State Regulators

Every state has several regulators who oversee all the insurance plans in-state. When your insurance company won't resolve your claim or won't provide adequate care, you can file an official complaint or request an independent medical review from state regulators. Depending on your complaint, it may result in an insurance company having to pay your claim or action against the company for violating the law. You must file an official complaint with your insurance company before you can complain to the state.

File a State Complaint

To file a complaint or request an independent medical review, most are handled through the Department of Managed Healthcare (DMHC). You can learn more here:

<http://www.dmhc.ca.gov/FileaComplaint.aspx>

To file a Medicare appeal, visit [Medicare.gov](http://www.Medicare.gov).

Get Help

For additional assistance working with your insurance company to resolve coverage issues, the Health Consumer Alliance (HCA) may be able to help.

HealthConsumer.org
888-804-3536

Medicare, Medi-Cal & Covered California



Guide to insurance for mental health care.

Medicare

Medicare covers inpatient, in-office and medications related to mental health. Part A typically covers inpatient care while part B is responsible for office outpatient mental health care. Medicare Advantage plans (or part C) encompass both of these benefits, while part D covers medications.

What to Keep in Mind

- A Medicare plan limits the kinds of therapists who are covered. They must have a doctoral degree or be a licensed social worker.
- For outpatient services, you'll pay 20% of what your provider charges, after you meet your deductible.

Learn more about your Medicare coverage:

[Medicare.gov](https://www.medicare.gov)

Medi-Cal/Medicaid

Medi-Cal is available to those in the state who qualify as low income, as well as those who have a disability, are over 65 or have another serious health condition. Medi-Cal covers most mental health care, including inpatient, in-office and medication treatments.

- You may receive coverage under a Medi-Cal managed care plan, county mental health plan or a fee-for-service plan
- Your plan choices will vary depending on your county
- The Department of Health Care Services oversees Medi-Cal plans in the state, and can help with questions or issues with your coverage

Do You Qualify for Medi-Cal?

If you aren't currently enrolled, you can see if you qualify and enroll in Medi-Cal here:

[CoveredCA.com](https://www.coveredca.com)

Covered California

The Affordable Care Act created health insurance marketplaces that allow people to purchase private health insurance, called Covered California. (Every state has a different version of the program.) You can choose different plans through Covered California, so make sure you compare mental health benefits during your search. The rates you pay depend on your income.

[CoveredCA.com](https://www.coveredca.com)

If you live outside of California

Medicaid coverage and your Medicare choices will vary by state. To learn more about benefits in your state, visit:

[Medicare.gov](https://www.medicare.gov)
[Medicaid.gov](https://www.medicare.gov)

How Clients Made Mental Health Insurance Work



Guide to insurance for mental health care.

Amparo

Amparo is a mental health advocate who lives with a serious mental illness. She needed to find a therapist who could see her weekly. After receiving the referral required by her health plan, it took six weeks until she was able to get an appointment. Here's what she had to do:

- She got a list of therapists through a third party insurance company
- Amparo called several therapists until she found one with availability
- It was hard to find a non-white therapist/a culturally competent therapist
- She filed a complaint with her insurance company because of the long delay getting care

Victoria

Victoria is a mental health advocate and social work student who lives with a mental illness. When she needed more mental health treatment beyond therapy once a week, she had to be a persistent advocate with her insurance company. Here's what she did:

- When Victoria told the insurance company she needed a higher level of care, the company offered group therapy but declined anything else
- After unsuccessfully trying the insurance company's program, she asked for a referral and was told it could take two months
- Victoria checked herself into the hospital because discharge required a care plan, and she got the care she needed
- She repeatedly called her insurance company while learning her rights and how insurance works
- Victoria found an ally in the system with more power (a white male psychiatrist in her case)
- Victoria filed a complaint against her insurance company when they denied care. The company reversed its decision during the complaint process

Words of Wisdom

Victoria said it was difficult to fight her insurance company when she was struggling. She advises others to take everything one step at a time. Amparo said it's your right to expect care through your health plan.

"I know this is my right. I know this is something I deserve. I pay for this. I have insurance. I'm going to get [care]." — Amparo

Get Help

For additional assistance working with your insurance company, the Health Consumer Alliance (HCA) may be able to help.

[HealthConsumer.org](https://www.healthconsumer.org)
888-804-3536

Mental Health Insurance Resources & Contacts



Guide to insurance for mental health care.

For additional resources to help you understand how to use your health insurance for mental health, check out these resources.

Mental Health Parity

California Parity Resources

- Contact information for state resources
- Curated by the Kennedy Forum
- [ParityRegistry.org](https://www.parityregistry.org)

Parity Track

- Advocacy organization to help ensure mental health parity law is followed
- [ParityTrack.org](https://www.paritytrack.org)

Patient Advocacy

Health Consumer Alliance

- Private, Covered California & Medi-Cal
- English and Español (Spanish)
- [HealthConsumer.org](https://www.healthconsumer.org) or 888-804-3536

California Health Advocates

- Medicare plans
- English
- [CAHealthAdvocates.org](https://www.cahealthadvocates.org)

California Regulators

Department of Managed Health Care

- Covers most private health insurance plans
- Get information, resources and file complaints
- [DMHC.CA.gov](https://www.dmhc.ca.gov)

Department of Health Care Services

- Covers most Medi-Cal plans
- Get information, resources and plan assistance
- [DHCS.CA.gov](https://www.dhcs.ca.gov)

California Department of Insurance

- Regulates some private health insurance plans
- Get information, resources and file complaints
- [Insurance.CA.gov](https://www.insurance.ca.gov)

Other Helpful Resources

National Alliance on Mental Illness

- Find mental health care resources in your area
- [NAMI.org](https://www.nami.org)

Disability Rights California

- Advocacy, education and resources
- [DisabilityRightsCA.org](https://www.disabilityrightsca.org)

If You Live Outside California

If you're looking for help understanding or using your mental health insurance benefits outside of California, the Kennedy Forum's mental health parity registry has curated contacts and resources listed by state. Visit the site here:

[ParityRegistry.org](https://www.parityregistry.org)

In crisis or need emergency help?

You're not alone and help is available. If you need support right now, call the [National Suicide Prevention Lifeline](https://www.national suicide prevention lifeline.org):

[1-800-273-8255](tel:1-800-273-8255)