

Should I use my insurance benefits to pay for my therapy and counseling services?

Clients frequently ask why and if they should use insurance benefits to pay for mental health care. That choice is a personal one. There are pros and cons to using a third party payor for mental health care.

Pros:

-Insurance benefits can make it affordable to seek regular mental health care and under the Affordable Care Act all marketplace plans must cover behavioral health treatment. Currently, you cannot be denied insurance coverage for pre-existing conditions and therefore your insurance plan should have a package that can meet your needs for mental health services.

Cons:

-It is important to be mindful that changes in legislation can affect your ability to seek mental health treatment with your insurance benefits. The pre-existing condition clause is not guaranteed to continue and in the future a mental health diagnosis could constitute a pre-existing condition and this could increase the costs of your health insurance or prevent you from getting insurance coverage in the future altogether.

-Insurance can limit the number of times you can see a therapist, even if you and your therapist have determined that your treatment needs extend beyond the cap placed by your insurance carrier.

-Your insurance will require a mental illness diagnosis in order for treatment to be deemed “medically necessary.” Often this diagnosis is required at the first visit with your therapist. Many people go to therapy for reasons that are not due to a mental illness diagnosis, like repairing relationships, process traumatic experiences, or generally feel happier; and, therefore insurance may not cover your services. It is unethical and can result in removal of licensure for a therapist to diagnose someone with a mental illness they don’t really have for the sake of using insurance.

-Using your insurance benefits can also limit your confidentiality as insurance carriers have the right to your treatment information and it becomes part of your permanent medical record. Village Counseling LLC has no control over, or knowledge of, what insurance companies do with the information submitted or who has access to that information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data has also been reported to have been legally accessed by law enforcement and other agencies, which also puts you in a possibly vulnerable position.