Insurance Coverage for Mental Health Services

It is important for you to understand how your insurance covers mental health services for your child or teen. Coverage may be different than medical services.

What is different about coverage for mental health services?

Some insurance companies cover mental health services the same as medical services. Others cover these services using a special mental health insurance company. Also, the number of mental health visits covered by your insurance may be different than the number of medical visits covered.

Which provider visits at Children's are billed as mental health visits?

Visits with a psychologist, psychiatrist, psychiatric nurse practitioner, mental health therapist, or behavioral consultant are billed as mental health services.

What should I ask the Psychiatry Clinic about insurance coverage?

Our Psychiatry Clinic can tell you if Children’s is contracted with your insurance company for mental health services. Contracted means we have an agreement with them to cover these services. You can also find this information on our website at this link: seattlechildrens.org/clinics/paying-for-care/insurance/mental-health-coverage/

If Children’s is not contracted with my insurance for mental health services, what do I do?

If we do not have a contract, this means we are “out-of-network.” You will need to contact your insurance company and ask for help to find a provider who accepts your insurance.

What questions should I ask my insurance company?

Here are questions you can ask your insurance company to learn more about your child’s mental health coverage:

- Does our insurance plan limit services to in-network providers?
- Are the providers at Children’s Department of Psychiatry and Behavioral Medicine in-network? Here’s information your company may need to answer this question:
  - Types of providers your child may see at Children’s: psychiatrist, psychiatric nurse practitioner, psychologist, mental health therapist, or behavioral consultant
  - Tax ID # for Seattle Children’s is 91-0564748

To Learn More

- Call your insurance company at the phone number listed on the back of your insurance card.
- Psychiatry and Behavioral Medicine 206-987-2164, option 8

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.
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- Is authorization required for services? If yes, what happens if visits are not authorized?
- Are there any diagnoses or billing codes that are not covered? (See “Common Procedure and Diagnosis Billing Codes” on the last page.)
- Clinic visits at Children’s are billed as an “outpatient hospital visit” instead of an “office visit.” How will my insurance cover this type of visit?

Will I be billed a facility charge?

You will be billed a facility charge for a mental health clinic visit only when you visit a psychiatrist or nurse practitioner for a medical checkup or to manage your child’s medicines. You will also be billed a mental health facility charge only if you receive services from a psychiatry or psychology resident or fellow.

A facility charge includes hospital expenses for a clinic visit that are separate from the cost of the medical provider. The facility charge includes costs for running the “facility,” like supplies, equipment, exam rooms and other Seattle Children’s hospital staff.

Visit seattlechildrens.org/clinics-programs/billing/ for more information.

You will receive a separate charge from your medical provider for their services.

How does it work when my child is covered under more than one insurance plan?

Insurance regulations and Washington state law determine which coverage you need to use first. This is called primary insurance.

If your primary insurance does not cover care because the provider is not in-network, then the second insurance will not cover the care either. This is because you are expected to get care from a provider who is in-network with your primary insurance.

What if my child has Washington Apple Health (Medicaid)?

We are contracted with Washington Medicaid and all Washington Medicaid Managed Care Organization plans (Amerigroup, Community Health Plan of Washington, Coordinated Care, Molina and United Health Care Community Plan).

What if I want to pay out of pocket and not use my Medicaid (Washington Apple Health) so my child can come to Children’s?

We cannot do this. Children’s is a contracted provider with Medicaid and cannot accept payment from a family whose child is covered by them.
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Definitions

**Authorization**: Many insurance companies or the company they hire have to review and approve (authorize) the patient’s care plan before they agree to pay for services. We request authorizations from insurance companies after visits are scheduled and before we see patients. Some insurance companies require that you or a parent/caregiver, rather than us, request the authorization.

**Coinsurance**: Your share of the fee for a covered service. Some plans have both a copay and coinsurance, and some have only one.

**Copay** (also called copayment): The fee you pay at the time of service (most often for an office visit or a hospital stay). Copays don’t apply toward a deductible or coinsurance maximum.

**Deductible**: The amount you pay each year before your plan will pay. Not all services go toward the deductible. This means that your plan will pay for some services even if you haven’t met the deductible.

**In-network coverage**: Your plan covers your care from a provider who is contracted by your insurance company. It is best for you to use in-network coverage. Most times it has a lower deductible, lower copay, and more visits allowed per year.

**Out-of-network coverage**: Covers your care from a provider who is not contracted by your insurance company. We don’t recommend you use out-of-network coverage. Most times it has a higher deductible, higher copay and/or coinsurance, and limited visits per year. Many plans do not offer out-of-network coverage.

Common Procedure and Diagnosis Billing Codes

**Common Procedure Billing Codes**

- Psychiatric Diagnostic Evaluation: 90791 or 90792
- New Patient Evaluation and Management: level 4 or 5 (99204-99205)
- Individual Therapy: 90834 (for 45-minute sessions) and 90837 (for 53+ minute session)
- Group Therapy: 90853
- Multiple Family Group Psychotherapy (for parent groups): 90849
- Family Psychotherapy without patient: 90846

**Common Diagnosis Billing Codes**

- Unspecified Disruptive Behavior Disorder, Impulse-Control, and Conduct Disorder: F91.9
- Attention Deficit Hyperactivity Disorder: F90.2
- Autism Spectrum Disorder: F84.0

Seattle Children’s offers free interpreter services for patients, family members and legal representatives who are deaf or hard of hearing or speak a language other than English. Seattle Children’s will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201. This handout has been reviewed by clinical staff at Seattle Children’s. However, your needs are unique. Before you act or rely upon this information, please talk with your healthcare provider.

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