

# Eating Disorders & Insurance 101



**EATING Recovery CENTER**  
A Behavioral Hospital  
Nourishing Health

## Your medical insurance provider can be a valuable partner in your path to eating disorder recovery

The key to building this partnership lies in doing your homework before you enter treatment. This means gaining a thorough understanding of your insurance plan and choosing a facility and course of treatment that best align with your benefit structure. By doing this important research, you'll minimize stress, avoid the unexpected, and maintain an upfront understanding of your treatment throughout the recovery process. *Eating Recovery Center* recommends taking the following two steps prior to beginning recovery in any treatment facility.

### Understand your benefits

Today, most insurance providers cover mental health, though specific offerings and limitations vary among insurance plans. To help choose an appropriate treatment facility and plan a course of recovery with your treatment team, it's important to gain a thorough understanding of the specific benefits offered in your insurance plan. The insurance company's customer service department and the treatment facility can help you navigate your plan if you have difficulty understanding your benefits. When it comes to eating disorder treatment, look for the following:

- 1. Does your insurance company cover mental health treatment?**
- 2. Do you have different benefits for inpatient versus outpatient courses of treatment?**
- 3. Are there limitations on the number of days you can stay in treatment or the level of care you can receive?**
- 4. What are your deductibles, co-pays and expected out-of-pocket costs?**
- 5. Will your plan waive limitations on mental health treatment for serious mental illness, biologically based illness or parity diagnosis?** Many plans will waive limitations for serious mental illnesses such as eating disorders.

### Choose a facility and course of treatment that align with your benefit structure

Once you've gained a keen understanding of your benefits, it's time to explore treatment options. When choosing a treatment facility and determining a course of treatment with your treatment team, it's important to identify several elements.

- 1. Do you have a strong understanding of the course of treatment?** Length of stay and level of care are significantly different from facility to facility. It's important to gain an understanding of what your course will look like and see how it matches up with your benefits structure before you enter treatment.
- 2. Is the treatment provider an in-network or out-of-network provider, or will they work with your insurance plan to contract a single case agreement?** This is an important distinction.

**In-network providers:** These facilities are in your insurance company's network of service providers and will be subject to your in-network insurance benefits. It's important to compare the course of treatment your in-network treatment team recommends with your benefit structure to determine a plan that meets your needs.

**Out-of-network provider:** Typically, an out-of-network provider is subject to more insurance limitations and less coverage. Though portions of an out-of-network provider's service may still be covered as described in your insurance plan, it's important to note that this type of provider can balance bill you for any treatment your insurance company does not cover. Work with your out-of-network provider to determine your total expected out-of-pocket expenses.

**Single-case agreements:** A single-case agreement is a contract between an individual patient's insurance company and treatment provider, which allows that patient to be treated as though he or she has in-network benefits. Insurance providers who offer single-case contracts will review potential agreements on a by-patient basis. Oftentimes, the treatment facility will facilitate this process on the patients' behalf. Before entering treatment, ask the center if this is something they are willing and able to do. It's important to note that the agreement is specific to the current episode of care and does not apply to care outside of this treatment episode.

### Other Resources

**Mental Health Parity Law.** Mental health parity refers to providing the same insurance coverage for mental health treatment as that offered for medical conditions. This means that benefits for conditions such as eating disorders must be the same as benefits for other physical conditions. This includes co-payments, deductibles, limits on number of outpatient visits and limits on hospital days. The National Mental Health Association provides a list of states with mental health parity on their website at [www.nmha.org](http://www.nmha.org).

**Level of Care Guidelines.** The American Psychiatric Association's (APA) Level of Care Guidelines, available at <http://www.psychiatryonline.com/popup.aspx?aID=139471>, offer clinicians guidelines for level of care needed based on a variety of factors, including percent of ideal body weight, medical status and psychological state. These guidelines can help you better understand the level of care you or your loved one need.