

Parity Issues: MFT Perspective

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Marriage and Family Therapists

- Marriage and Family Therapists (MFTs) are licensed in all 50 states and the District of Columbia
 - Provide individual, family and group psychotherapy services
 - Regulated by state licensure boards/agencies like other healthcare providers
- Approximately 70,000 Licensed Marriage and Family Therapist (LMFTs) in the United States

Marriage and Family Therapists







- LMFT education and training:
 - Master's or Doctoral degree
 - Supervised clinical experience
 - Clinical exam
- Systemic orientation
- LMFTs work in a wide variety of settings
- Recognized by insurance companies, Medicaid, the VA, and other payers


Issues

- Network Adequacy
 - Narrow networks
 - Not enough behavioral health providers
- Low Reimbursement Rates
- Telehealth Reimbursement
 - Payment Parity with in-person sessions

Results from AAMFT telehealth survey (2020)

28. AAMFT has become aware of several telehealth and/or COVID-19 related issues that may impact MFTs. Please rank these issues from most important to least important to you personally.

Item	Overall Rank	Rank Distribution	Score	No. of Rankings
Insurance Reimbursement for telehealth sessions at the same rate as in-person reimbursement	1		776	176
Serving clients that have traveled to other states for the duration of the pandemic	2		703	164
Continuing education requirements: online/distance learning vs. in-person	3		681	177
Pre-requisites for practicing telehealth (such as required training)	4		592	162
Tele-supervision for Associates and Interns	5		441	154
Telehealth hours counting towards licensure requirements	6		424	151

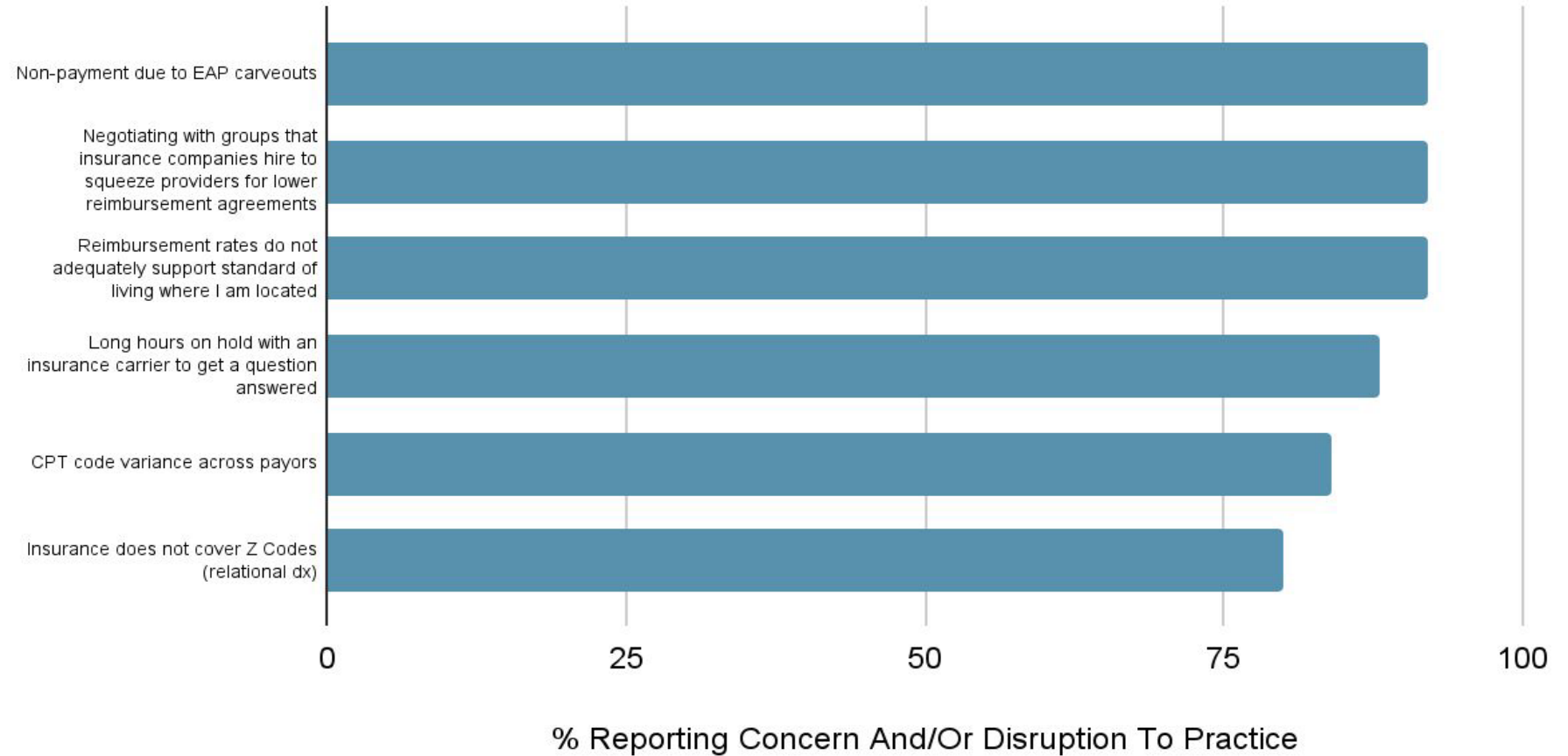
 Lowest Rank Highest Rank

Other Issues

- Denying treatment
- Clawing back payments months after approving services
- Family Therapy CPT codes (90846, 90847) not recognized by some insurers
 - Lower reimbursement rates
 - Session limitations

AAMFT Washington Affiliate Survey

Reported Challenges with Private Insurance: Top 6 Concerns



AAMFT Washington Affiliate Survey

Reported Challenges with Private Insurance: Member Concerns

"I've repeatedly had insurance companies authorize services, only to decide (almost a year later) that they made a mistake on their end. I had to reimburse them thousands of dollars and bill my client, which they could not afford, so I ate the cost. I am leaving insurance panels because if this keeps happening, I'll go out of business."

"The admin time was too great for me to remain paneled. Also, the reimbursement was not high enough to support cost of living. As a solo practitioner it is hard to justify being paneled."

"Low payment rates and the time to process claims or resubmit with 30 mins or more waiting to ask a question."

"Low reimbursement rates, slow payment, concern re: billing for 90837"



AAMFT Washington Affiliate Survey

"I've had insurance companies sporadically decline CPT code 90847, saying they'll only cover it under extreme circumstances (active suicidality, for example - but I can't routinely bill sessions where I include parents in treatment of a depressed or anxious child or teen). It's a burden to my clients as well as to my practice."

"The fact that I cannot get reimbursed for the issues that often affect children and teens most: their interactions with their parents and family environment."

"Family sessions are not paid out by some carriers, if they are, reimbursement should be calculated at a higher rate, given greater complexity with session dynamics, as some non-contracted practitioners have already done."

"Reluctance to cover family therapy. Always wanting shorter sessions. Always wanting diagnoses when many adolescent issues (identity, relationships, community, family, etc.) are not "mental health conditions." Always wanting CBT."

"limitation or no reimbursement for family therapy"



Questions?

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