

Utilizing Single Case Agreements To Access Treatment For Borderline Personality Disorder (BPD)

A STRATEGY TO SUPPORT HEALTH CARE CONSUMERS AND CLINICIANS





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ACKNOWLEDGMENTS

Since its inception, members of Emotions Matter have consistently expressed frustration over the lack of health insurance coverage for BPD. Some clinicians and family members noted the successes they have had accessing treatment utilizing the single case agreement process.

But we soon discovered that many did not know what single case agreements are, or how to go about initiating a claim. The public impacted by BPD, a serious mental illness requiring specific evidence-based treatments, lacked important information on how to advocate for themselves when calling health insurance companies.

“

Our hope is that this publication empowers those impacted by borderline personality disorder – individuals, family members and clinicians – to advocate for the treatment they need.

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To create this resource, our Emotions Matter Clinical Advisory Committee, a group of dedicated volunteer clinicians, met over a period of several months to develop the information necessary to help consumers and clinicians utilize the single case agreement process.

A special thank you to all of our Clinical Advisory Committee members who contributed to writing this resource. It would not have been possible with your guiding light, clinical expertise, and passion for supporting those with BPD.

Thank you also to our board members who helped edit this publication, our graphic designer and www.visiblypresentimagery.com, whose beautiful designs brought it to life. We also want to


acknowledge the Pro Bono Partnership for its assistance with the disclaimer.

Finally, we are most grateful to our members with lived experience, who offered testimony about the single case agreement process. Because of your courage to speak candidly about your BPD journey, we are now able to help others.

Our hope is that this publication empowers those impacted by borderline personality disorder – individuals, family members and clinicians – to advocate for the treatment they need.

-Paula Tusiani-Eng, LMSW, M.Div.
Executive Director, Emotions Matter, Inc.





**INTRODUCTION:
A Problem
of Access
to BPD
Treatment**

“With proper intensive treatment, individuals with BPD can stabilize.”

Individuals and family members have consistently expressed frustration over the lack of health insurance coverage for borderline personality disorder (BPD) compared to other mental illnesses. They identify the prohibitive cost of therapy and limited access to trained BPD clinicians in their networks as barriers to treatment (Lohman, 2016).

Behavioral health care in the United States is largely designed to cover short-term treatment models and medication management, which are typically covered by private pay insurance, Medicaid, and Medicare. The primary course of BPD treatment, however, is long-term, expensive, specialized therapy, and intensive therapies.

These specific therapies include:

- Mentalization-based therapy (MBT)
- Dialectical behavioral therapy (DBT)
- Transference-focused therapy (TFP)
- Good-psychiatric management (GPM)
- Schema therapy (ST)

(Gunderson, 2009)

On average, these interventions last one to three years and often involve several individual or group sessions a week (Biskin, 2015). With proper intensive treatment, individuals with BPD can stabilize (Zanarini, Frankenburg & Hennen, 2003) and experience recovery. Without treatment, the outcome can be devastating to the individual, the family, and society.

This publication is intended to provide both consumers and clinicians with information to utilize the single case agreement. It aims to offer hope to those struggling to access treatment. BPD treatment exists and it saves lives.

A SOLUTION: Single Case AGREEMENT



A **single case agreement** allows an out-of-network provider or clinic to be considered “in-network” for a single patient (e.g. single case). This means the patient/family would only be responsible for co-payment and in-network deductibles which make costly specialized treatments more affordable. Some insurance companies refer to single case agreements as “**In-For-Out**” benefits.

When are single case agreements granted by health insurance companies?

Single case agreements are often granted when the individual is in need of a specialized treatment for a specific condition, and no clinician “in-network” on the insurance panel offers the specialized treatment. Note that not all insurance companies or clinicians are able to make these agreements and once an insurance company proposes one, clinicians are not obligated to accept it if the terms are not feasible.

When are single case agreements granted by health insurance companies?

It is possible to get a single case agreement, even if you’ve been paying out-of-pocket. One family reports, “We had paid out of pocket for a couple of months when we found out about the single case agreement. When our practitioner was approved we got reimbursed.” Ask your clinician if he or she would be willing to accept a single-case agreement.

How have family members impacted by BPD found them helpful in accessing treatment?

“My daughter had just finished an Intensive Outpatient Program and needed to get into a DBT program. When there were no providers in my network. I knew I had to advocate for her. Although it took several weeks for approval, the single case agreement was not a difficult process. Don’t take no for an answer.”

-A mother from New Jersey

“On two occasions, with two different insurance companies, we were able to get a single case agreement. There are only a few DBT practices in our area and none of them took our insurance. I let the insurance company know and they did a search for practitioners within a reasonable distance. I let them know we needed real DBT with individual AND group therapy which they did not have. The DBT practices were both willing to do a single case agreement. We just had to pay out of pocket and get reimbursed.”

- A mother from New York

STEPS TO INITIATE the SINGLE CASE Agreement Process

1 Research clinicians in your area. Look on your insurance company website for mental health clinicians in your area.

2 Call and document if they do not offer BPD treatment. Call at least five of them and document that they do not specialize in the evidence-based BPD treatment you need. Make sure to keep a record of these calls and the outcome.

3 Identify an out-of-network provider in your area who specializes in the BPD treatment you are looking for. If you CAN NOT identify a mental health clinician who specializes in the treatment you are looking for, contact the New York Presbyterian Hospital Borderline Personality Disorder Resource Center (888-694-2273, www.nyp.org/bpdresourcecenter for referrals. Once you have located a clinician willing to consider a single case agreement, proceed to the “calling your insurance company” script.

4 Call the BPD clinician and ask if they will consider working with you under a single-case agreement. If you have **ALREADY IDENTIFIED** an out-of-network mental health clinician who specializes in the treatment you are looking for, contact the clinician and ask if he/she would consider a Single Case Agreement to be considered “in-network” for treatment with you. If they are unsure of what this entails, please refer them to the Emotions Matter Clinician Guide to Obtaining Single Case Agreements.
HOW?

5 If the clinician is willing to consider a single case agreement let him/her know you will initiate the process and proceed to “calling your insurance company” script. For most insurance companies, this process starts with the client/parent calling the insurance company to initiate the request.

CALLING your insurance COMPANY



SCRIPT: (for consumers)

What should I say to initiate a single-case agreement request?

Statement 1:

“I am calling to request a Single Case Agreement to see an Out-of-Network provider who specializes in an evidence-based treatment for borderline personality disorder called (choose one: MBT/DBT/TFP).”

Statement 2:

“I have been unable to find a provider in-network who specializes in (choose a specific treatment) and my plan does not have out-of-network benefits.”

OR

“I do have out-of-network benefits, but I cannot afford to see an out-of-network provider without a single case agreement.”

Statement 3:

“I have looked on the website for my insurance plan to see who is in-network (insert name of plan and insurance), and also called a number of therapists in-network who said they do not offer this BPD specific treatment.”

Statement 4:

“X Provider has indicated they do provide this evidence-based treatment and will consider a single case agreement.
How do we start this process?”

How do I justify the need for BPD specialized treatment to my health insurance provider?

Emotions Matter developed the following documents on DBT, MBT, and TFP treatment to assist both consumers and clinicians in advocating for the need for evidence-based BPD therapies in the single case agreement process.

SINGLE CASE AGREEMENTS dialectical behavioral THERAPY

Handout for Consumers and Family Members



There is no consistency between insurance companies for granting SCAs. Just because all the steps are followed correctly, it doesn't mean the agreement will be approved.

For most insurance companies, this process starts with the client/parent calling the insurance company to initiate the request. Here is what to say.

Need for DBT:

a) Justified by suicidal thoughts and/or hospitalizations and a history of self-harm -- DBT is the therapy proven to reduce hospitalizations and need for higher level of care which reduces overall expenses for the insurance company. The cost reduction has been confirmed by research for ADHERENT PROGRAMS only.

b) DBT has a large evidence base. The treatment requires an adherent program including:

- i) Intensively trained clinicians. This is a minimum 40 hour set of training. To confirm intensive training: <https://behavioraltech.org/resources/crd.cfm>
- ii) For adolescents, multi-family DBT skills group weekly for

26 weeks. For adults, weekly skills group. These groups last 1.5 to 2 hours.

iii) Individual therapy with an intensively trained therapist who is part of the team at least 1x per week.

iv) Delivered through a team of therapists, a consultation team that meets weekly -- a consultation team.

v) Offers skills coaching to help the client practice skills outside of the session.

What is not DBT:

i) Having a therapist that claims he/she "does DBT" because they have read a book or took a workshop is not considered DBT trained.

ii) Someone who does not offer skills groups.

iii) Someone who is practicing alone without a team.

iv) Someone who does not offer skills coaching.

v) The highest level of training in DBT is certification. To confirm certification of your DBT provider: <https://dbt-lbc.org/index.php?page=101163>

Codes they may ask for:
Practice EIN: (INSERT#)

NPI Number for Practice: (INSERT#)

NPI for x clinician: (INSERT #) – (insert state):

License Type: (Ph.D., LCSW, etc.)

| Service | CPT Code | Cost | How many times |
|------------|-------------|------|-------------------|
| Intake | 90791 | \$x | one time |
| Group | 90853 | \$x | weekly |
| Individual | 90834/90837 | \$x | 1-2 times a week |
| Family | 90847 | \$x | 1-2 times a month |

MENTALIZATION-BASED THERAPY SINGLE CASE AGREEMENT

Handout for Clinicians and Parents



Background

A single case agreement allows an out-of-network provider or clinic to be considered “in-network” for a single patient (e.g. single case). This means the patient/family would only be responsible for the co-payment and meeting in-network deductibles. It makes costly specialized treatments more affordable. Single case agreements are often granted when the individual is in need of a specialized treatment for a specific condition and no clinician “in-network” on the insurance panel offers the specialized treatment.

Note that not all insurance companies or clinicians are in the position to make these agreements and once an insurance company proposes one, the clinician is not obligated to accept it if the terms are not feasible.

For most insurance companies, this process starts with the client/parent calling the insurance company to initiate the request. Here is what to say after asking if the company will consider a single case agreement for Mentalization Based Treatment.

Need for Mentalization Based Treatment (MBT)

a) MBT is one of several evidence-based treatments for borderline personality disorder. DBT is not the only one. It is likely an insurance company may not have heard of MBT. Borderline personality disorder (BPD) can worsen when treated by a professional who is not comfortable, or skilled, in working with individuals with BPD. Furthermore, many clinicians decline to accept them into their practice. It is particularly helpful if you have called in-network providers

and made a list of names/numbers of practitioners or clinics who did not feel the case was appropriate for their setting and who indicated they do not offer MBT.

b) MBT is clinically justified for individuals who have been having suicidal thoughts, self-injurious behaviors and/or frequent hospitalizations or emergency room visits related to the diagnosis of BPD. MBT has been proven in adults and adolescents to reduce hospitalizations, suicidal thinking and self-injury. Given the cost of crisis-oriented visits to emergency rooms and inpatient hospitals, MBT can be cost-effective. In addition, the trials for MBT often included individuals with multiple psychiatric diagnoses in addition to BPD. They typically tried other evidence-based treatments, but still have clinically significant impairment. The samples MBT studied were enriched with individuals with complicated presentations and still MBT had significant benefits over “treatment as usual.” A patient’s history of trying other failed treatments can be helpful to tell the insurance company.

c) MBT has a large evidence base. One model MBT includes an 18-month treatment course consisting of:

- i) Individual weekly therapy with an MBT-oriented clinician
- ii) Weekly group therapy with an MBT-oriented clinician (MBT-introductory followed by MBT-Group).
- iii) In adolescents, family therapy (MBT-F) often takes the place of group therapy.
- iv) Delivered through a team of therapists that engage in weekly MBT-oriented supervision.
- v) Therapists have engaged in Basic MBT training (2 or 3 day training) and participate in ongoing supervision.
- vi) While very well known in Europe, MBT is still in scarce supply in the United States. On-model MBT programs are rare.

Codes they may ask for:
 Practice EIN: (INSERT#)
 NPI Number for Practice: (INSERT#)
 NPI for x Clinician. - (INSERT #) – (insert state): Licensed Psychologist (INSERT #)

Quantity of sessions: The MBT trials recommend 18 months, although individual cases will vary of:

| Service | CPT Code | Cost | How many times |
|------------|-------------|------|-------------------|
| Intake | 90791 | \$x | one time |
| Group | 90853 | \$x | weekly |
| Individual | 90834/90837 | \$x | 1-2 times a week |
| Family | 90847 | \$x | 1-2 times a month |

SINGLE CASE AGREEMENT For Treatment with Transference-Focused PSYCHOTHERAPY (TFP)



Transference Focused Therapy (TFP) is one of the evidence-based treatments for BPD. It is indicated for persons suffering from acting out behaviors, suicidal thoughts or actions, treatment-resistant depression that is due to an underlying personality disorder, chronic difficulties in relationships, in work, or in study functioning, and negative or unclear sense of self.

TFP has been shown to:

- Reduce depressive symptoms, suicidal thoughts, and the need for hospitalization, promising a reduction in treatment costs over time.
- Improve patients' ability to think accurately about their own emotional states and those of the people they are interacting with.
- Improve patients' sense of security in relation to others.

However, such results have only been shown, in research, to be achieved after a year of therapy.

TFP is not a short-term therapy, as is true for all the evidence-based treatments for BPD.

Any attempt on the part of the insurance company to approve a limited number of sessions should be challenged. Some insurance companies approve limited psychotherapy sessions at a time (for example, 6 or 8 or 10 sessions) for borderline personality disorder. This practice should be challenged with the question: "Where is the evidence that limited sessions are effective to treat BPD?"

BPD requires specific treatment. Psychotherapy is like other forms of medicine: specific types of

treatment are needed for specific conditions. It is especially important that BPD is a condition that requires treatment specifically targeting BPD. For a person to go to a general therapist for treatment for BPD would be like a person who needs cardiac or neurosurgery getting their treatment from a general surgeon.

BPD requires providers with specialty training. Many insurance companies provide clients with a list of the providers who have contracted to accept payment from them. These lists often do not specify if the providers have specialized training in treating BPD such as TFP. It is important that the prospective patient ask potential providers if they have such training.

If no appropriate therapist is found, the process of requesting a single case agreement starts with the client or patient representative calling the insurance company to initiate the request. As with all models of treatment, the arrangement worked out for payment must be acceptable to the therapist involved.

The client has the right to make the case for fair and adequate treatment. The "Parity Law" for mental health care requires that individuals with psychiatric conditions receive treatment at the same level as individuals receiving treatment for other medical conditions, without arbitrary limitations. In spite of this, many insurance companies attempt to limit access to the level of treatment needed for certain conditions, including BPD. There is no guarantee the insurance company will approve the proper treatment. Because of this, there are currently class action suits in which clients and their families are challenging denial of appropriate services.

When calling the health insurance company, one can emphasize that:

TFP is a twice-weekly individual psychotherapy. The typical billing code is 90834; however, if the treatment is by a psychiatrist and includes medication, a combined code is used: 90833 +99213

| TFP | CPT Code | How many times |
|------------------------------|---------------|----------------|
| Individual | 90834 | 2X Week |
| Psychiatrist with Medication | 90833 + 92213 | 2X Week |

NEXT STEPS script for CLINICIANS



What happens after the consumer or family member initiates the request?

After initiating the request, notify your BPD clinician that the request has been made. It is now the clinician's responsibility to follow-up with the insurance company and complete the request.

Script for Clinicians

Statement 1:

"I am an out-of-network provider for this insurance, but am seeking a single case agreement to see one of your members as though I were in-network because I provide an evidence-based treatment for Borderline Personality Disorder that is not available with any in-network providers in the members geographic area. Can this be considered?"

Statement 2:

"Please let me know what steps are necessary or what forms need to be filled out and what the timeline is for a decision to be made? Can we expedite this as an urgent review given the member is unable to obtain this care in the meantime and clinically needs it?" (Can provide specific justifications such as recent self-injury or suicidal thinking, if known.)

Statement 3:

"Thank you, let's get the process started. What is your name and first initial so I can document that we have spoken."

How long does the process usually take?

Insurance companies vary in how long they will take to make a decision. Sometimes it may only take a few days, but expect it could be a couple of weeks. Calling to check on the status is reasonable after one week. If the decision is initially denied, ask if there is an appeal process and what the rationale for the denial is to see if a valid argument can be made against it.

How do clinicians submit claims to insurance once a single case agreement is in place?

Most insurance companies allow for easy online submission of claims or claims, can be printed and mailed or faxed.

REFERENCES AND RESOURCES



RESOURCES

Helpful Resources from the National Alliance on Mental Illness (NAMI):

<https://www.nami.org/Find-Support/Living-with-a-Mental-Health-Condition/Understanding-Health-Insurance>

<https://www.nami.org/Find-Support/Living-with-a-Mental-Health-Condition/Understanding-Health-Insurance/What-to-Do-If-You-re-Denied-Care-By-Your-Insurance>

<https://www.nami.org/Find-Support/Living-with-a-Mental-Health-Condition/Understanding-Health-Insurance/Are-My-Insurance-Rights-Being-Violated>

Helpful Resources from National Education Alliance on Borderline Personality Disorder:

<https://www.borderlinepersonalitytreatment.com/borderline-personality-disorder-treatment-insurance.html>

Helpful Resources from New York-Presbyterian Hospital Borderline Personality Disorder Resource Center:

<http://www.nyp.org/bpdresourcecenter/treatment/questions-to-ask>

Helpful Resources about Standards of Care for BPD:

https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/bpd-guide.pdf

<http://www.icd10data.com/ICD10CM/Codes/F01-F99/F60-F69/F60-/F60.3>

<http://www.apa.org/monitor/mar04/axis.aspx>

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Who Are

We Are Emotions Matters, Inc. is a 501c3 non-profit organization created by a network of families and individuals affected by borderline personality disorder (BPD) who have united around our mission to improve social connection, awareness and health care systems for those with this disorder. Our goal is to connect and empower those impacted by BPD to raise awareness about BPD and advocate for better healthcare.

Our Services

- Providing BPD peer to peer support groups online and in person to foster social connections and empowerment.
- Creating materials in print, videos and social media from a BPD peer perspective of the disorder to diminish stigma and promote empowerment.
- Creating resources to help families and individuals access treatment for BPD.
- Offers BPD loss support groups to support the needs of those who have lost loved ones to BPD.
- Provide opportunities to connect with a non-judgmental, supportive community of families, clinicians and individuals who promote our mission.
- Encourage advocacy to improve BPD research, treatment, and access to care.

Get Involved

Emotions Matters is run by volunteers who are passionate about our mission. If you want to get involved, join one of our committees.

Sign-up through our website at:
www.emotionsmatterbpd.org,
or email
info@emotionsmatterbpd.org.

Emotions Matter Inc.
P.O.Box 7642
Garden City, N.Y., 11530
516.350.8387

