

Insurance barriers to eating disorder care may include:

- (a) a network directory without a suitably competent clinician and/or program,
- (b) denials of care as “not medically necessary,”
- (c) required reduction in level-of-care contrary to clinician’s determination, and
- (d) opaque processes.

CoverMyMentalHealth.org provides no-cost resources to individuals and families facing insurance barriers to their mental health care, so patients don’t have to take no for an answer.

CLINICIAN DOCUMENTATION OF APPROPRIATE CARE

OPTION 1

A clinician’s documentation of the appropriate care may prove helpful when facing challenges accessing a suitable program, including a competent clinical team (that is, documenting what expertise is required), overcoming denials for “not medically necessary,” and insurer requirement to reduce level-of-care. As a treatment plan proceeds, follow-on medical necessity letters may help.

- [Medical necessity letters - how this resource supports your access to care](#)
- [Medical necessity letter template](#) (provided by a clinician on patient request) [\[download\]](#)
- [Medical necessity letter guidance for eating disorder specific obstacles](#)
- [Cover letter template to submit a medical necessity letter](#) [\[download\]](#)
- [Article on medical necessity letters to share with your clinician](#)

OPTION 2

TAKE ACTION WHEN THERE ARE NO IN-NETWORK CLINICIANS

A common obstacle to eating disorder care is the lack of an in-network clinical and/or program available in a timely manner, nearby, and with the required specific clinical competency. Here are resources toward overcoming this obstacle:

- [Guidance for talking with an insurer when finding no in-network clinician](#)
- [Worksheet to document your search for an in-network clinician](#) [\[download\]](#)
- [Request for in-network coverage of an out-of-network clinician](#) [\[download\]](#)

OPTION 3

PERSIST EVEN IF INITIAL EFFORTS FAIL

If at first you don’t succeed, CoverMyMentalHealth.org offers this additional guidance:

- [Guidance for filing a formal insurer complaint](#) (NOTE: This is NOT an appeal)
- [Potential government or employer help](#)
- [Guidance for filing a regulator complaint](#)
- [Appeals and what to do beforehand](#), including requesting a single case agreement



ENCOURAGING TIPS WHEN DEALING WITH AN INSURER

- [Tips for calls with insurance company reps, authorizing friends/family to help, and more](#)
- [Leaving clinical questions to the clinicians \(a video tip\)](#)
- [Letters to request your complete insurance policy](#) [\[download\]](#)

Remember, patients are the best advocates for their own insurance coverage and need not feel isolated or alone. Clinicians, family, and friends can also be active advocates for mental health care coverage. Cover My Mental Health is a place to get started, find encouragement, and keep going.

