

Submitter: Sheila Somers
On Behalf Of: Therapists and Clients
Committee: House Committee On Behavioral Health and Health Care
Measure: HB2455

March 13th, 2023

From: Sheila Somers, LPC

To: House Committee On Behavioral Health and Health Care

Measure: HB 2455

I am a Licensed Professional Counselor in Oregon and provide counseling to adult clients. I support this measure and I want insurance companies to notify providers of audit requests and requirements in a language that is easy to understand and that does not rely on references to other sources such as statutes or contract provisions. Insurance companies need to tell providers what is required to meet medical necessity and not reference other sources, what to document to meet these requirements and to make it explicit why the insurance company thinks that a provider cannot bill certain codes. I want insurance companies to allow and invite providers to bill a 60-minute code, CPT 90837 and to be reimbursed at the new fair market rate.

During my initial years as an in-network provider I received communications from one insurance company questioning my use of the CPT code 90837 for the 60-minute session. Their representatives sent letters and phone calls and asked me to change to a 45-minute CPT code 90834. At that time, the difference was about one dollar. I felt intimidated by their communications and interference with my business and ended up changing my billing to a lower reimbursed code, CPT 90834 to avoid their interference. I did not receive any further interference once I switched to their preferred code. I later terminated from that network due to their practice and low reimbursement rate.

Currently I am experiencing a similar tactic from another well-known insurance company. I witnessed colleagues ending their contracts with this company for low reimbursement rates. I stayed in-network because I wanted clients to locate in-network providers to support them as they pay their hard-earned money to have healthcare benefits.

In 2022, I received multiple letters from an organization called Change Healthcare which was hired by this insurance company. Prior to October 1st, 2022, the reimbursement rate was about one dollar difference from the 45-minute CPT code

90834 and the 60-minute CPT code 90837. I contacted Change Healthcare and communicated that I experienced them persisting me to change my billing code to CPT 90834. My understanding was that they would start questioning my cases and inquire why I am submitting CPT 90837. I felt intimidated by their numerous letters and charts, and I started billing CPT 90834, even though I meet with my clients for a 60-minute hour and follow the medical necessity.

October 1st, 2022, the insurance company updated their Behavioral Health Professional Reimbursement Schedule for Commercial Networks. I noticed a significant reimbursement rate increase of 44% for CPT code 90837. They increased the reimbursement rate for CPT code 90834 by 10% and decreased the CPT code 90847 for conjoint family therapy by 14%.

Due to this intimidation practice, I am considering not recredentialing and terminating with the insurance company in 2024. The insurance company increased the CPT code 90837 to meet the new Oregon law but are intimidating providers not to bill this code. I would consider remaining in-network if they end these tactics and allow providers to be reimbursed for this newer market rate and not be threatened with unfair audits and intimidation.

Please support the passage of HB 2455.

Sincerely,

Sheila Somers, LPC