

ready means something else), also detracts from the work.

Aside from these minor reservations, I can enthusiastically recommend the book. It is an introduction to systems thinking which will be useful to anyone who has the responsibility for intervening in any system—whether as a therapist or as an administrator of an agency; family therapists or those seeking training in family therapy will also find it useful. The reader is invited to become actively involved in a dialogue through the use of exercises and questions before learning how the author and others at BFI tackled the same issues. In summary, the book encourages us to make fuller use of our own resources. □

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## IN BRIEF

### Filing Reports, Maintaining Records Form Basis for Reimbursement

By Hillel Bodek, MSW



With the recent passage of parity legislation, social workers are increasingly concerned about their rights and responsibilities as providers of services reimbursable under medical insurance plans.

Medical insurance is a contract in which an insurance company (or an employer in the case of self-insurers) agrees to reimburse covered individuals for expenses they incur in obtaining health care services covered under the terms of the contract. The provisions of the insurance contract ("policy") govern the nature and extent of insurance coverage. For patients to receive such reimbursement, clinical social workers are required to complete forms and reports to be submitted to insurance carriers.

CSWs must maintain a record for each patient that accurately reflects the evaluation and treatment of the patient. Such record must be maintained for at least six years or, in the case of a minor, for six years or until one year after the minor reaches the age of 21, whichever is later.

Clinical social workers who have a doctoral degree should not refer to themselves

as "Dr." on an insurance form. Rather, the specific degree: "Ph.D.," "D.S.W.," should be indicated, preventing any misunderstanding that they hold themselves out as physicians.

If the clinical social worker is signing an insurance form as the supervisor of the person actually providing the services, it is suggested that, rather than signing the insurance form itself, the supervisor submit a letter indicating that he or she has supervised the treatment as set forth on the form during the period in question. This procedure avoids any question that, in signing the insurance form, the supervisor attempted to mislead the company as to who actually provided the services in question. One should note the distinction between a supervisor and a consultant: specifically, a supervisor assumes professional responsibility for the services provided by the supervisee (who is providing the service).

CSWs are advised against signing an insurance form for another professional to enable a patient to obtain insurance reimbursement. Practitioners involved may find themselves engaged in civil and/or criminal action.

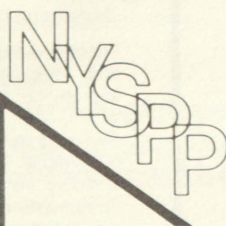
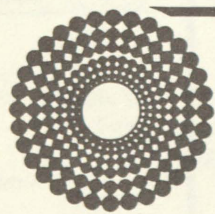
With regard to peer review, a patient applying for insurance reimbursement is usually asked to sign a release authorizing the insurance company to obtain from the provider data needed to process the claim. The therapist must complete and submit peer review and related forms, accompanied by the patient's consent. The clinician need not provide every detail; essentially, a brief description of the presenting problem, a short diagnostic formulation, general treatment goals and a summary of the patient's pro-

gress in treatment are sufficient. For treatment more than once or twice a week or for an extended period, further justification may be required. Again, this can be provided in general terms to document the need for treatment, without divulging sensitive information.

Insurance companies usually pay only for treatment that is "medically necessary." As such, the appropriate DSM III diagnosis of mental disorder should be indicated. Many policies do not cover therapy for "family problems," "marriage counseling," and the like.

At times, disputes may arise about payment in a particular case. It is important to remember that the insurance contract is between the patient and the insurance carrier, not between the therapist and the carrier. Therapists should provide needed information to ensure that claims can be processed properly, including information that may facilitate review of a patient's claim, and should clarify, if required, the extent to which they are eligible providers of services rendered. However, therapists are not responsible to see to it that insurance companies pay claims.

If a patient is not satisfied with the action taken by an insurance carrier on a claim, such patient can complain in writing to the company (and, if it is a group policy, also to the group administrator). Sometimes a letter from the therapist clarifying information about the claim will be helpful. However, if this is not successful and the patient still believes that the insurance company has not paid a claim properly, he or she may file a complaint with the NYS Insurance Department, the state agency which monitors and regulates the insurance industry. □



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