

STATE MANDATED MENTAL HEALTH BENEFITS

Under PA Act 150, all insurance carriers must allow for coverage of Mental Health services in case of life threatening conditions. Even if there are policy benefit limitations to a patient's coverage, there may be more benefits available under this mandated provision. In some cases, these additional benefits are allowed as an exchange of inpatient services for outpatient services.

This legal provision is designed to ensure that people needing mental health care are able to receive it. This provision does not mean that the benefits can be used in non-extreme situations.

In order to qualify, the patient's condition must meet the American Psychiatric Association definition of serious mental illness, and must fall into the following diagnosis ranges:

Schizophrenia and Schizo-affective Disorder 295-295.95
Major Depressive Disorder and Bipolar Disorder 296-296-99
Obsessive Compulsive Disorder 300.3
Panic Disorder 300.01-300.21
Anorexia Nervosa 307.1
Bulimia Nervosa 307.51
Delusional Disorder 297-297.9

Mandated coverage for the above listed disorders is limited to 60 outpatient days annually. Once that limit has been met, no other services can be authorized beyond the patient's insurance contract.

In order to start the process of an exchange for services or claim services under Act 150, the patient must contact their insurance carrier. No authorization can be initiated without the patient's consent.