Q: DOES INSURANCE COVER & REIMBURSE FOR ART THERAPY SERVICES?

A: Whether or not a given private healthcare insurer or public program like Medicare reimburses for art therapy services is a complex question involving:

- The specific plan or program coverage;
- The nature of the patient’s problem treated;
- The type of services provided; and
- Whether the service is determined to be “medically necessary”

The individual healthcare “provider’s” qualifications and plan or program requirements also matter. For specific questions on these topics, it is better to contact the “provider” representatives shown on the websites of either the public program or private healthcare insurance company with which you will do business. Going to the source will allow you to more fully understand the answers to your questions and ask follow-up questions on the spot.

Healthcare insurers and publicly funded programs like Medicare almost always only cover services they consider to be “medically necessary.” If a service is not “covered,” there is no reimbursement to the person (provider) who performed it. The issue is that art therapy services are medically necessary in certain cases, but are not always provided for medical reasons, as is common with other kinds of healthcare providers’ services.

Insurers may believe they do not have enough evidence about art therapy’s efficacy to cover such services. It is important to refer to the art therapy services provided as “medically necessary” in client/patient records, along with your basis for saying this, in all documentation related to the art therapist’s services, whenever that term properly applies.

Q: THE REIMBURSEMENT PROCESS - HOW DOES IT WORK?

A: The specific reimbursement process for any insurance company or publicly funded healthcare program can be found on their own website, under provider information or a similar caption. You can also get the information from their provider representatives. Basically, the claim process is similar for all. A person provides healthcare services to someone, fills out the claim form, then sends it to the private company, Medicare or Medicaid, etc. to get the reimbursement. Many private insurers use a special form called “CMS-1500,” the same government form used to bill Medicare or Medicaid.

Review the Career Path Toolkits on the members-only side of the Association’s website to learn how to:
get involved as a provider with a company or public healthcare program,
work with Medicare and Medicaid and
work with private-sector insurers.

Provider requirements for various jobs and employment settings are in the detailed document on Licensing and Credentialing of Art Therapists on the members-only side of the Association’s website.

Q: MEDICAID & IDEA COVERAGE: ART THERAPY SERVICES FOR PUPILS

A: Some students may qualify for both IDEA services and Medicaid, some may qualify only for Medicaid and others will not qualify for either but may have healthcare insurance. The person responsible for billing Medicaid for services provided to the school’s IDEA-qualified children is the best contact to answer your IDEA-related reimbursement questions.

Each state has its own Medicaid “State Plan” for coverage that comports with federal law and must be approved by the Centers for Medicaid and Medicare Services (CMS). Each state’s Medicaid website has the “State Plan” (you can also request it)—that will tell you what is covered. Your local Medicaid office can answer specific questions.

You will need to enroll (contract with) Medicaid as a healthcare services provider before you can directly bill Medicaid for your services. How to do this is explained on the CMS website and in the Association’s Toolkit for Medicare and Medicaid on our website. The Association has an extensive directory and interactive U.S. map with live links to all states’ Medicaid offices on the members-side, under Advocacy and Public Policy. (See http://idea.ed.gov/ for additional information.)

Q: CAN I BILL FOR SCHOOL-BASED THERAPEUTIC SERVICES UNDER THE EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) PROGRAM?

A: The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is the child health component of Medicaid that finances appropriate, necessary pediatric services. It is required in every state to improve the health of low-income children. The Medicaid State Plan is an official document that describes the nature and scope of a state’s Medicaid program, including coverage for EPSDT services. See this website to learn how EPSDT works with public health, families, managed care organizations, and healthcare providers: http://mchb.hrsa.gov/epsdt/

The exact nature of your role in the school, the nature of services you provide and the status of the children you deal with, among other factors, all play a part in whether or not you can get reimbursed for your services. If you have been denied Medicaid reimbursement, detailed reasons for the claim denial should be available from the Medicaid office, the billing staff for your school, and/or the school administrator who handles Medicaid arrangements with the school. You should contact them directly for more information.

Q: DOES THE ASSOCIATION ADVOCATE THAT HEALTHCARE INSURANCE SHOULD COVER ART THERAPY SERVICES?

Can I get an insurance company to change its coverage methods?
A: The American Art Therapy Association provides and promotes Guidelines for Insurance Companies that are especially designed to help insurance companies’ reimbursement claim reviewers handle art therapy claims. The Association is working to inform both public and private insurers about the art therapy coverage and advocating for coverage in private-sector and public healthcare insurance plans.

Here is what you can do to advocate in your state: You can work with your state Chapter to plan a project to discover how art therapists’ services are covered in your state by major insurers and public healthcare programs. Then, you can create a strategy to inform the appropriate key staff about the value and effectiveness of art therapy. You can request that they consider coverage structures and reimbursement claims for art therapy services in the same manner that they use for other healthcare services. The Association provides many resources and kinds of information to support such advocacy activities and help is also available from the Association’s Government Affairs Committee.

Q: What is the status of licensed Creative Arts Therapists who want to see clients in the PROS mental health programs?

A: New York state regulations controlling the PROS mental health programs classify licensed Creative Arts Therapists as “Professional Staff” for the purpose of being able to provide professional services directly to PROS clients and to supervise others. Creative Arts Therapists also count as “Professional Staff” for the purpose of applying for PROS program approval. When billing for services provided under the PROS programs, contact the payer’s provider representative or their website to obtain the relevant billing and reimbursement rules.

Q: CODING FOR REIMBURSEMENT - HOW DOES IT WORK?

a. In providing paperwork for a client to present to her insurance, am I allowed to provide a diagnosis code?

b. What about procedure codes? The insurer is requesting these, as well.

A: There are two avenues for an insurer to reimburse for services. Either your client can make a claim directly with the insurance company for your services rendered and get the check, or the client can assign the claim to you as the provider, after which you then request reimbursement by filing the claim with the insurer. The insurance company will not pay your client’s claim, unless the insurance claim form contains the relevant, proper ICD-9 (diagnostic) & CPT (procedure) codes. ICD-9 codes are diagnostic codes in the International Classification of Diseases, Ninth Revision (ICD-9) that describe the client’s disease or disorder that prompted the visit to the healthcare provider. Current Procedural Terminology (CPT) codes indicate which procedure(s) the healthcare provider used with the client.

It is important to become familiar with these codes, which are required to bill private insurers & public programs. The American Medical Association’s (AMA’s) website has a lot of information on these, because they control the CPT code development process and produce books, CDs, and online materials about them. Links to free online code search engines, the code
sets & coding information are posted on the Advocacy and Public Policy section of the Association’s website, members-only side.

**Q: INSURANCE COVERAGE FOR ART THERAPY & JOB OUTLOOK**

**A:** Healthcare insurers and publicly funded programs like Medicare almost always only cover services they consider to be “medically necessary.” The issue is that art therapy services are medically necessary in certain cases, but are not always provided for medical reasons, as is common with other kinds of healthcare providers’ services. The public profile of art therapy as an accepted, valuable treatment is higher than ever. The Veterans’ Health Administration (VHA) is using art therapy more and more to help military service personnel with PTSD and brain injury. More and more studies are being published about the impact of art therapy, too, which helps insurers understand that it works. [Many articles are on the Dept. of Veterans Affairs (VA) website in the VA’s “PILOTS” database.]

Healthcare continues to be one of the growing career tracks. When the new “art therapy” job classification is included in 2013 in the U.S. Department of Labor’s job classification system, it should serve as a solid reference for insurance providers, employers and others to show that art therapy is a growing and recognized field. Art therapists are employed in federal government programs, K-12 schools and higher education institutions, clinics, hospitals, assisted living facilities and community services programs, nationwide. The Association is working to raise public recognition for art therapists, including with private healthcare insurers. For specific questions, contact the “provider” representatives at whichever insurance provider you want to know more about. Look online under the name of the insurance group, find the section on Provider Information or a similar name and contact their representatives.

**Q: HPSO PROFESSIONAL LIABILITY POLICY REQUIREMENTS**

- **Unemployment**
- **Dual Licensing**
- **Volunteer Work**

**A:** The Association works with the insurer, Healthcare Providers Service Organization (HPSO); their website has a link to their requirements for professional liability insurance policies. As an Association corporate partner, HPSO issues discounted policies to Association members. [http://www.hpso.com/](http://www.hpso.com/)

Employment status is not a barrier to receiving a policy for professional liability coverage. HPSO will issue policies to art therapists who are unemployed; if they meet HPSO’s other requirements. The baseline requirement is that the art therapist applicant must have either 1) an ATCB credential; or 2) a state license in at least one profession. But, *if the applicant does not have either one of these, HPSO cannot issue that person a professional liability insurance policy, due to the requirements set by state insurance regulators.*

That means that it is illegal for HPSO (or any other insurance company) to issue a professional liability insurance policy in any state to an art therapist who is without either ATCB credentials or a state license in some profession. Of course, the “Art Therapist” license in four states and...
“Creative Arts Therapist” license in NY counts like any license and allow the person to maintain professional liability insurance. HPSO can accept art therapists’ ATCB credentials because they are recognized by all states as a national credential. HPSO also issues dual-profession policies for those applicants who qualify under two professional categories.

If you do not have an ATCB credential or a state license, HPSO must reject your application, as a matter of law. If that is what happened, they are obligated to explain their requirements for professional liability policies and the basis for rejecting your application, which they may have done by letter or during one of your conversations with them. If you would like to contact them to clarify anything, including their basis for denying an application for a professional liability policy, here is the information: please call one of their representatives at 1-800-982-9491 (M-F, 8 am - 6pm ET) http://www.hpso.com/professional-liability-insurance/coverage-description.jsp?refID=WL9BCi

What about Volunteers & Professional Liability Insurance?

A: It is common for businesses that accept volunteers to have a professional liability policy that covers their employees and volunteers. So, check with the H.R. department of the businesses where you volunteer to see how it works. This does not necessarily apply to independent contractors that a business hires to perform services. That is because the independent contractor is a separate legal entity responsible for “its” own method of performing work under the contract, and the work is mainly or entirely done off-site from the business that hired the contractor. However, having an ATCB credential and/or a state license certainly helps someone be more competitive in the current job market and those are requirements in many jobs. You may want to take a look at a document called “Art Therapists & Credentialing for Public and Private Healthcare Insurance” that explains more about this, on the members-only side of the Association’s website, under Advocacy and Public Policy.

Q: WHAT ABOUT A NON-ART THERAPIST GIVING A WORKSHOP ON ART THERAPY? How do we handle that situation?

A: Advice on how to proceed, if you feel action is warranted, is detailed on the members-only section of the website under Advocacy and Public Policy.

In essence you should seek to find out more about the program.

Introduce yourself before the event to learn how trained art therapists approach those issues to be covered in the workshop. See if the facilitator is open to having you speak or answer questions during the workshop or interested in doing future co-presentations. You could give him/her your business cards and suggest that she give them to people who seek healing through art in a more formalized, therapeutic way by a highly trained therapist. He/she may be a contact point for potential clients who may start to seek healing with a non-therapist before they become open to seeing a therapist.

Every communication opportunity undertaken by the Association or one of its members reflects upon the profession and the individual art therapist.
We encourage you to use these situations as opportunities to reach out to, guide and educate others who are unclear about the credentials, licensure and so forth required for art therapists. These approaches may create congenial paths for art therapists to influence colleagues who demonstrate a genuine interest in using arts for healing.

**Q: WHAT SALARY, JOB PLACEMENT OR EMPLOYMENT STATISTICS DO YOU HAVE FOR ART THERAPISTS?**

**What are the requirements to become an art therapist?**

**A:** Please visit the American Art Therapy Association/Education page for specific educational requirements and for institutions that meet the educational standards for a master’s degree or post-professional certification in art therapy.

Also read the *Career* section of our website for sources that report and track employment-related issues affecting art therapists. The Association has been involved with the U.S. Department of Labor since 2010, advocating for appropriate Art Therapist occupational classifications, which are now in progress for the new database, the *Occupational Information Network (O*NET).*