



Billing for Transgender Youth (6.29.16) (Trouble viewing this email? [Click here](#))

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Billing for transgendered youth can be tricky even though it shouldn't be. I was recently asked how to deal with an insurance company that rejected family therapy for the following case.

The Case

A 13-year-old transgendered female came to therapy. Six months previous to starting treatment, she was actively suicidal, cutting and with disordered eating. The therapist has been doing both individual work with the client and family work with the client and her mother.

Therapy was going well enough that the client was no longer suicidal and in fact, now that she has accepted her gender identity, she reported being happier than she'd ever been. Symptoms decreased significantly though she continued to address serious identity issues.

Joint sessions had been very productive, and the therapist felt more were needed even though the client's presenting symptoms were no longer active.

Insurance Rejection

The problem occurred when the insurance company refused to authorize more family sessions and rejected the appeal. What should she do?

Possible Solutions

1. Since family treatment is a standard of care for transgendered

youth <http://www.hrc.org/resources/world-professional-association-for-transgender-health-wpath>, it's possible to appeal the denial on these grounds, citing research.

[Click here](#) to see the other solutions and what the law says.



Telepsychotherapy: What's Up!?

For any clinician providing telepsychotherapy / telepsychiatry, there are many issues to be considered.

Check out [these recommendations](#) by the Society for the Advancement of Psychotherapy, both in and out of state.



Suicide Prevention: An Emerging Priority for Healthcare

Check out [this comprehensive examination](#) of the feasibility of improving suicide prevention in health care settings, particularly the Zero Suicide protocol.

To your success!



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