
Differences in Self-Payment Versus Insurance Payment for Psychiatric Services

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Background

Psychiatrists and other behavioral health clinicians have been shown to have low participation in insurance networks. Patients must typically self-pay the entire cost of out-of-network clinician visits, translating to higher out-of-pocket costs. This study examines trends in self-pay visits, out-of-pocket costs, and insurer payment for behavioral health visits between 2012 and 2022.

Methods

We analyzed nationally representative data from the Medical Expenditure Panel Survey (2012-2022) on office-based and outpatient visits with behavioral health clinicians. Payment sources were categorized as self-pay, out-of-pocket, commercial insurance, Medicaid, Medicare, or Tricare. Visits were pooled into four periods: 2012-2014 (pre-ACA expansion), 2015-2016 (early post-expansion), 2017-2019 (later post-expansion), and 2020-2022 (telehealth expansion). Descriptive analyses assessed mean out-of-pocket payments by clinician type, and survey-weighted generalized linear models (gamma, log link) estimated adjusted mean payments across payers relative to commercial insurance.

Results

Self-pay visits accounted for approximately 15-20% of visits across clinician types and generally increased over the study period. Out-of-pocket payments across all clinician types increased over time. The adjusted average cost of a self-pay visit exceeded \$150 by 2020. Adjusted analyses showed that Medicaid, Medicare, and Tricare consistently reimbursed less than commercial insurance, with differences widening in 2020-2022.

Conclusions and Policy Implications

Despite Mental Health parity legislation, Medicaid expansion, and telehealth growth, patients continue to face high out-of-pocket costs for behavioral health care, and public payers reimburse far below commercial benchmarks. Stronger parity enforcement, targeted increases in Medicaid and Medicare reimbursement, permanent telehealth cost-sharing parity, and incentives to strengthen behavioral health clinician participation in insurance networks are needed to reduce persistent challenges in access and affordability.

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