

Source-of-Injury Exclusions in Health Insurance Plans

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1. What is a source-of-injury exclusion?

A source-of-injury exclusion is denial of coverage by an insurance plan for injuries caused by a specific activity or arise from a particular cause written in the policy. For example, an insurer that normally would cover costs associated with head injuries or broken bones, could deny coverage if the policy stated there was no coverage for injuries caused by a recreational activity such as skydiving or bungee jumping.

2. Do insurance plans apply source-of-injury exclusions to mental health conditions?

Yes. Some insurers apply source-of-injury exclusions to mental health conditions. An insurance plan may deny coverage for injuries that are "intentionally self-inflicted" including those associated with suicide or attempted suicide.

3. What if the injuries are the result of a medical condition?

The 2006 federal Health Insurance Portability and Accountability Act (HIPAA) states that source-of-injury exclusions are not allowed if they are the result of a medical condition. A plan cannot exclude coverage of injuries that resulted from an attempted suicide when the injuries are due to the person's medical condition

such as depression. The Department of Labor says employment-based health plans cannot apply source-of-injury exclusions even if the mental health condition was not diagnosed before an injury. The California Mental Health Parity Act provides that insurance plans must cover the necessary care for persons with “severe mental illnesses” the same way other illnesses must be covered. ¹

4. Are source-of-injury exclusions a mental health parity issue?

Yes. California parity laws require all state regulated health care service plans and insurance plans to provide medically necessary treatment of severe mental illnesses. The Second Court of Appeals stated that parity “requires treatment of mental illnesses sufficient to reach the same quality of care afforded physical illness.” ² If a person required medical or surgical treatment due to an injury that was not self-inflicted then the insurance plan could not deny coverage for the same treatment that was the result of a self-inflicted injury.

5. How do I find out if my health insurance plan has any source-of-injury exclusions?

You can request a copy of your Evidence of Coverage (EOC) from your health insurance plan. The EOC provides a description of all the benefits and exclusions under the plan. If you are part of a group plan you should contact the plan administrator. If you have individual coverage you should contact the health insurance plan to request a copy of your EOC.

6. What if my health insurance plan denies coverage due to a source-of-injury exclusion?

There are several complaint processes under state law if your health plan denies coverage.

- a. First, you can file a complaint with your health care services plan;

¹ California Insurance Code §10144.5; California Health and Safety Code §1374.72

² *Rea v. Blue Shield of California*, 2014 WL 2584433, Cal.App. 2 Dist., June 10, 2014

- b. If you are still denied, and you have an HMO plan or you have Blue Cross or Blue Shield PPO, you can contact the California Department of Managed Health (DMHC) Help Center at www.healthhelp.ca.gov or (888) 466-2219;
- c. If you have a PPO other than Blue Cross or Blue Shield PPO you can contact the California Department of Insurance (CDI) at www.insurance.ca.gov/0100-consumers or (800) 927-HELP (4357).

We want to hear from you! After reading this fact sheet please take this short survey and give us your feedback.

English version: <http://fs12.formsite.com/disabilityrightsca/form54/index.html>

Spanish version: <http://fs12.formsite.com/disabilityrightsca/form55/index.html>

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The California Mental Health Services Authority (CalMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.

