

Why Insurance Barriers Still Prevent People From Getting Treatment Even When They Are “Approved”

At a glance

Even when insurance coverage is confirmed, many many treatment clients still face denials, delays, and unexpected payer requirements that prevent access to care. This infographic highlights the structural issues behind the coverage-access gap and how treatment centers can respond.

Challenge

Despite having insurance, many families still cannot access timely addiction treatment care. Denials and delays are no longer outliers, they are built into the system. These barriers disrupt admissions, delay treatment, and put clients at risk. **They also take a toll on families, overburden admissions teams, and erode trust in the process.** As providers face mounting intake challenges, it’s clear the problem isn’t coverage, it’s access.

Why It Matters for You

Prior Authorization Is the Primary Structural Barrier



95%

of clinicians say it delays care (AMA)



1 in 3

requests are denied or delayed (GAO)

These barriers slow admissions, disrupt care, and erode trust with families expecting coverage.

Learn more about the real impact of insurance barriers in our full article:

[Read the full article](#)



Delays increase relapse **risk by up to 60%**, even when clients have verified insurance.



Denied claims and admin burden **result in \$30K-\$50K/year** in losses per provider.



Nearly half of treatment centers have had to turn clients away due to insurance complications.

What Treatment Leaders Can Do

1

Optimize Intake Workflows

- Redesign processes to anticipate insurance friction
- Build pre-verification and clear checklists to reduce delays

2

Strengthen Team Coordination

- Improve handoffs between admissions, UR, and clinical staff
- Track denial trends by payer, level of care, and reason

3

Empower Clients and Share Knowledge

- Equip families with scripts and appeal templates
- Exchange insights with peer centers to surface national trends