

Guidelines for appealing a denial of benefits from your private health insurance plan and Sample Appeal Letter

If you receive a notice from your private health insurance plan that your policy does not provide a benefit or funding for a service you requested, you may submit an appeal by contacting your plan's Member Services department. Health insurance companies have 30 days to issue a decision in response to an appeal; however, you may request an "expedited appeal".

Insurance carriers typically require documentation when parents request an appeal. Be sure to ask if your insurance company received and reviewed the following documents before denying benefits, including:

- The diagnosis by a licensed professional (Physician, psychologist etc.).
- A developmental health treatment plan prescribed by the licensed professional which includes measurable goals over a specific time period. Progress reports from your current provider contain this information. If you do not have copies of these documents please contact your SDRC service coordinator for assistance.

Recently enacted regulations regarding autism now:

- Prohibit visit limits on coverage for autism
- Prohibit dollar limits on coverage, unless they apply equally to all benefits under the policy
- You may find more information regarding this on the following link:
<http://www.insurance.ca.gov/0400-news/0100-press-releases/2013/upload/nr027AutismReg.pdf>
- Prohibit denials or unreasonable delays on the basis of a claimed need for IQ testing,
- Prohibit denials based on a statement that ABA is experimental, investigational or educational
- Prohibit denials when the treatment is provided or supervised by an individual certified by a national accredited entity such as the Behavior Analyst Certification Board and not a licensed mental health professional

To appeal over the phone. Call the Member Services phone number on your insurance ID card. ***State that you want to appeal the denial of developmental treatment benefits for your child.*** Be sure to ask if any additional documents are needed and what those are. Be sure to write down the name and phone number of the person who accepted your appeal.

To submit an appeal in writing, reference the denial letter or notice from your health insurance carrier you received. A sample letter is attached. If the plan's mailing address is not on your member ID card call and ask where to send your appeal. Make a copy of the letter for your records.

You may also be able to submit an appeal directly on your health insurance plan's Web site.

Print a copy of the appeal for your records.

If you do not receive a written response in 30 days you may contact the state oversight office for your health insurance plan directly. Please be sure to inform your service coordinator of the status of your appeal.

Who to contact if your health insurance company does not respond to your appeal in 30 days

For managed care (HMO) plans and plans issued by Anthem Blue Cross of California and Blue Shield of California contact the department of Managed Health Care:	For most Preferred Provider Organizations (PPO) plans contact the California Department of Insurance:
Department of Managed Health Care California Help Center 980 9th Street, Suite 500 Sacramento, CA 95814 1-888-466-2219 www.dmhc.ca.gov	California Department of Insurance Consumer Communication Bureau 300 South Spring Street, South Tower Los Angeles, CA 90013 1-800-927-HELP (4357) www.insurance.ca.gov

Sample Appeal letter

Name of Insurance Carrier

Address

Date

I am writing to appeal the denial of developmental health treatment benefits for my child with a diagnosis of _____. I am enclosing a copy of the denial letter and the following reports (eg psychological evaluation, medical evaluation, other professional evaluation), and the developmental health treatment plan. I understand state law requires that this appeal be responded to in 30 days.

(Other information as needed)

Please contact me immediately at the address or phone number below if additional documentation is required.

Thank you.

Your Name

Address

Phone number