Mental Health: Outline for Sample Appeal Letter for Medical Necessity Denial

1) Introductory section, who are you, who do you represent (refer to client release form and plan release form if needed), include date of birth and health plan id of client. Describe the denial. Be very specific about what you are requesting (i.e. we are requesting coverage at the in-network rate from date x through date y). Okay to include diagnoses here.
   (Attachments for section 1:
   a. Client release/authorized assistant form (from plan, if it has not been sent in previously)
   b. Copy of denial letter
   c. Copy of diagnostic reports
2) Describe mental health history including interventions tried. What has been going on. Describe challenging, dangerous, and unsafe behaviors. Include history of adoption, family problems, school performance, substance abuse history, legal involvement, police calls, 5150 ER visits, prior events, prior hospitalizations, partial hospital programs, intensive outpatient programs, outpatient and psychiatric visits. Describe psychiatric medications tried.
   Attachments/okay to cite for Section 2: Recent discharge reports; letters from school counselors or administrators, police reports, letters from psychiatrists or therapists, recent neuropsych testing.
3) Describe procedural violations if there have been any. Okay to cite the state or federal code that the plan violated. Examples could include any of the following: Failing to timely respond to claims, failing to provide access to an adequate network, failing to timely respond to coverage requests, failing to provide client with a plan manual. Also cite mental health parity violations if there are any (e.g. requiring accreditation for mental health but not medical or physical health, requiring client to fail first at lower levels of care, excluding specific types of mental health treatments, putting day limits on coverage etc). Exclusions that are not explicitly spelled out in the plan manual may be considered hidden exclusions and are illegal.
4) If care was denied for failing to meet plan criteria, go through plan criteria. If patient actually met plan criteria (this often happens), go through each item and explain how s/he meets criteria. Remember, if you are requesting residential or day treatment, the purpose is to work on some of the underlying issues, develop coping mechanisms. Stabilization, being a danger to self and others, and actively hallucinating, is often appropriate for inpatient hospital, which is a higher level of care. If s/he does not meet health plan criteria, use community standards such as LOCUS, CASII, or ASAM. Explain that plan criteria are overly restrictive and go through community criteria, item by item or until s/he satisfies threshold. There are different criteria for admission and continued stay, and different criteria for children/teens and adults. A longer term stay will require that you also include continued stay criteria, even if client was denied on admission.
   Attachments: plan criteria; ASAM Criteria; CALOCUS Criteria, CASII Criteria, LOCUS Criteria, other criteria. Also okay to cite literature which show efficacy of a given treatment. Meta-analyses, multi-site programs, opinions and position papers of respected psychiatric and therapeutic organizations are useful if they support your position.

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5) Conclusion: Briefly summarize, state why treatment is medically necessary, restate what you are requesting.

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