

Second Letter in Response to Denied Mental Health Treatment

[Date]

[Name and address of insurer]

Dear [insurer or representative of insurer]:

Please consider this letter a formal appeal of [my patient's/my] denied mental health treatment on [date].

Thank you for providing me with copy of [my patient's/my] complete file, including all internal emails, communications, memoranda, and other documents that I received on [date] and [choose one] a complete copy of the Plan document, summary plan description, certificate of coverage or contract under which [my patient's/my] mental health benefits are provided as well.

The way that [name of insurer] determines medical necessity for mental health treatment as found on your website is _____. I believe the mental health treatment needed is within your standards for medical necessity for the following reasons:

_____.

Again, since [name of insurer] is a [state-regulated/ERISA] plan, I would like to point out that this denial may be at odds with state mental health parity laws. As you know, ERISA plans must comply with state parity laws that are stronger than the federal parity law, and Washington's parity law requires all insurers to cover any diagnosed condition found in the Diagnostic and Statistical Manual-IV-TR. Additionally, these conditions must be covered to the same degree that medical/surgical conditions are covered. Please let me know how this denial confirms with denials for medical/surgical conditions.

[For denials based on Milliman Guidelines: The Milliman Behavioral Care Guidelines do not include any guidelines for the treatment of chronic conditions. They are based on an inaccurate view of all mental health disorders as episodic, or acute, in nature. Many mental health disorders are chronic, as are many medical/surgical conditions, including _____ for [my patient/myself], and require ongoing intensive mental health treatment. Thus the Milliman Guidelines cannot be the basis for making a decision regarding medical necessity for [my patient/myself].]

[For plans that are not in compliance with mental health parity laws: The [Plan document, summary plan description, certificate of coverage or contract under which [my patient's/my] mental health benefits] does not provide mental health benefits at parity with medical/surgical benefits, requiring [pre-authorization/other requirements] for mental health benefits, and not

for medical/surgical benefits. {My patient/I will be filing a complaint with the Office of the Insurance Commission in 10 days if an explanation is not received for the apparent violation.}

Thank you for your prompt response to this appeal.

Sincerely,

[Name and address of therapist/ Name and address of patient/both]