



DISABILITY KNOWLEDGE SERIES: Insurance Appeals

The ABCs of Health Insurance

Families often have trouble with health insurance coverage for various treatments and therapies, including:

- diagnosis and evaluation
- functional assessments
- occupational and speech therapy
- intensive behavior therapies, such as ABA
- augmentative alternative communication devices
- endoscopy and GI treatments
- autoimmune treatments
- allergy testing and treatments
- nutritionist visits
- chiropractic visits

Understanding your insurance policy and knowing your rights can help you successfully obtain coverage or win an appeal with your insurance company.

The First Step is to be well-informed!

Understanding your family's health insurance coverage is the first step to obtaining the coverage for which you pay premiums. Obtain a copy of your health insurance policy, or plan. A summary plan description is helpful, but not the same as the actual plan! You can find out how to obtain a copy by calling the phone number on your insurance card.

While you are at it, ask these important questions and keep track of the answers:

1. Is your plan an ERISA plan?
2. What are your co-pays, and individual and family deductibles for in-network and out-of-network providers?
3. What is your out-of-pocket annual limit?
4. What are your annual and lifetime caps?
5. Is pre-authorization ever required? If so, how is it obtained?
6. Is a referral necessary?
7. What coverage is provided for mental health? How is it different than coverage for medical benefits?
8. How many visits are you allowed for each type of therapy?

Don't take "no" for an answer!

Many parents give up after being told on the phone that something is not covered. Don't make this mistake! Make sure that you get a denial in writing and appeal. Sometimes, appealing can be simple. For example, was coverage denied for an endoscopy because your child has autism? The billing may have been submitted using the general code for autism instead of the code for treatment of enterocolitis. It helps to create a written record, so consider handling these issues through written correspondence. If you handle issues by phone, keep detailed records of each call -- including date, time, person's name and phone number with extension.

Tips for appealing a denial of coverage:

- obtain a written denial of coverage
- ask your insurance company what the appeal procedure is and if you have to use any special form
- read and understand your policy
- obtain a letter of medical necessity
- find out what diagnostic and treatment codes were used
- write a cover letter explaining why your child needs this treatment or therapy and include references to scientific studies demonstrating efficacy
- if all in-network providers have a long wait list, or none of them offer the therapy your child needs, ask for coverage of an out-of-network provider at in-network rates
- file a formal appeal and watch out for deadlines!
- you may request an external review of your appeal from the Minnesota Dept. of Commerce

Minnesota law requires mental health parity and defines "medical necessity" in the context of mental health. This means that coverage should include generally accepted treatments such as ABA and Intensive Early Intervention Behavior Therapy.

Important Note: Alternatives to private insurance are available in Minnesota -- such as Medical Assistance and MCHA.

Please contact Amy Dawson at the Autism Advocacy & Law Center, LLC for more information and a free initial consultation.