

# ❖ Sample AB88 Mental Health Parity Law Request for Authorization

Date: 10.01.09

*Dad Doe*  
321 Home Avenue  
Your Town, CA 11111

ABC HMO Insurance Company, 123 Main Street, Your Town, CA, 11111

**Patient's Name:** Jane Doe      **DOB:** 8.14.96      **Policy #:** 123456789      **Group #:** 987654321

**RE: Denial Reference #:** 001

To Whom It May Concern:

**I would like to appeal your denial of my primary care physician's authorization request for:**

*Acme Speech Generating Device with accessories and six home-based consultations with an Augmentative Communication Specialist.*

**You denied this request on the basis of:**

- 1) *It is the responsibility of the school district and regional center.*
- 2) *The device is investigational.*
- 3) *There was no speech therapy assessment.*
- 4) *Speech therapy progress report from March 2008 documenting progress was not received.*
- 5) *ABC HMO has contracted with XYZ Behavioral Health Services to provide care for mental and behavioral health. Therefore, this service is XYZ Behavioral Health Services' responsibility.*

**After reviewing my health insurance contract, I believe this service was wrongfully denied because:**

- 1) *The school district and regional center have no relevance to our contract.*
- 2) *Speech generating devices are commonly used for people with autism and have been studied and shown to be effective. Attached is a review article summarizing literature on augmentative communication in people with autism.*
- 3) *The speech therapy assessment was mailed to you the day after the authorization was submitted. Progress note from speech therapy, dated March 2008, included.*
- 4) *XYZ Behavioral Health Services has also denied the claim stating that it is the responsibility of ABC HMO.*

**According to the Mental Health Parity Law, Health and Safety Code Section 137.72, health plans must provide coverage for medically necessary treatment of severe mental illness the same as applied to other medical conditions. As stated in the authorization request, my child is protected under the Mental Health Parity Law with a diagnosis of *autism*.**

**Enclosed please are the following assessments, doctor's notes, and guidelines and research papers which document the medical necessity of this request:**

*Speech therapy assessment, Gabby Smith, SLP (8.24.09); AAC Evaluation, Cliff Chat, SLP/AAC Specialist (9.12.09); Copy of most recent IEP, including speech therapy progress report (4.12.09); Review article.*

**I anticipate your written response within 30 days.**

Sincerely,

*Dad Doe*