

Preparing Good Documentation for Insurance Appeals & Hearings

- **If you are already receiving treatments and a denial is received**, you will continue to receive medical treatments at the same level until the appeal decision is reached.
 - The plan must pay for this period of ongoing treatment regardless of who wins the internal appeal (consumer is not 'at risk').
- **If there was a denial or partial denial and you did not receive anything in writing** from the insurer stating the denial, send a letter to the insurance company documenting the denial or partial denial.
 - Federal law requires insurers put denials in writing. If they refuse, request the regulator contact the insurer to get documentation.
- **Document Sufficiently when you file your Internal Appeal**
 - Pay attention to deadlines, always submit the appeal – its free
 - Get letter(s) of support from provider(s)
 - Request the claim file/relevant documents
 - Diagnosis documentation
 - Prescription or recommendation for ABA from licensed practitioner
 - Provider's treatment plan and progress notes
 - Treatment Plan clearly states individualized discharge outcomes striving for plus Research Articles.
 - Talk medical necessity language
 - Prevent deuteriation (becoming worse)
 - Maintaining a healthier, and safer lifestyle
 - Ameliorate symptoms of ASD
 - Use DSM-5 Criteria
 - Goals and objectives
 - Improve compliance
 - Use assessment results
 - Graphs showing treatment targets
 - maladaptive behavior (self-injurious, ritualistic behavior, stereotypical behavior, tantrum behaviors, and aggression behaviors)
 - adaptive behavior (behavior that is positive and functional to the individual)
 - Explain why the services are covered under the health plan, and explain why they are medically necessary, compared to the clinical guidelines
 - Review the insurer's medical necessity guidelines. Use this language.
 - Submit research articles backing your reasoning why services meet medical necessity.