

STEPS FOR APPEALING INSURANCE DENIALS

Helpful tips before you get started.....*Always* write down *who* (you spoke with), *when* (time and date), and *what* (was said) for all telephone calls. Keep a copy of correspondence between you and the insurance company. Written inquiries will more likely result in written responses. Insurance companies typically require that you submit the appeal request ***within 30 days of receiving the initial denial of the claim.***

1. Call your insurance company. Ask the following questions:

- a. What is the process for appealing insurance denials? What is the mailing address for the appeals department?
- b. How can I get a copy of my plan's policy for speech therapy services and an explanation for the denial in writing?
- c. How long will the appeals process take? What is the policy for a timely response?

2. Contact your child's pediatrician and referring physician and state that you are going to appeal your insurance company's decision to deny continued speech therapy visits for your child and the insurance company requires:

- a. Written medical documentation that supports your child's need for continued therapy. This should include a statement from the physician that continued speech therapy is medically necessary and recommended.

3. Contact your speech pathologist and request:

- a. a recent progress report that summarizes your child's progress
- b. a brief appeal letter that states why continued therapy is necessary

4. Contact the Human Resources Director/Benefits Coordinator at your place of employment. Inform him or her via in person or via letter about the need for better coverage. You can request a copy of our *Example Letter for Families to a Send to Human Resources Director* by contacting the speech department at 636-4341. It is important to contact your employer because:

- a. Employers have the greatest influence in obtaining better insurance coverage as they negotiate the contracts with insurance companies. Your HR Director may not realize the need for better speech therapy coverage unless you inform him or her. Group insurance coverage for speech and language evaluations and therapy is a relatively inexpensive rider for most companies to add to their existing policies.
- b. Employers may be able to intervene on your behalf. Ask your employer's Human Resources Director/Benefits Coordinator to contact the insurance company on your behalf to support your appeal. Provide him or her with all documentation of your conversations with the insurance representative and copies of all letters sent and received.

5. Send ALL appeal documentation to your insurance company in one envelope. Sending the envelope via certified mail so that you will be notified when your insurance company receives it. Follow up with your insurance within one to two weeks of sending the appeal packet to check on the status.

If you have further questions regarding the appeal process, you can contact: Juli Webster, M.S. CCC-SLP at 513-636-5701 or juli.webster@cchmc.org.