REQUEST FOR INFORMATION: PROVIDER

TIPS FOR PROVIDERS REQUESTING DOCUMENTS (PARITY)

- If possible, send your request by certified mail with return receipt requested. Be sure to keep the return receipt in a safe place.

- If you make this request by phone, record the date and time of your request, and the name of the person with whom you spoke.

Source: PARITY IMPLEMENTATION COALITION, PARITY TOOLKIT FOR ADDICTION & MENTAL HEALTH CONSUMERS, PROVIDERS & ADVOCATES (2010).

PROVIDER REQUEST FORM FOR REASON(S) FOR DENIAL AND/OR MEDICAL NECESSITY CRITERIA

Directions

If you believe that your patient's insurer may have violated the parity law by denying coverage for mental health or substance use disorders (MH/SUD) treatment or by applying discriminatory medical necessity criteria, please use this Provider Request Form as a guide when requesting the reason for denial and/or medical necessity criteria from the insurer over the phone.

This Provider Request Form identifies the disclosures that the insurer is required to provide under the parity law. In addition, this Form provides a space for you to document the insurer's response. The parity law requirement for such disclosures is provided on page 19.

PROVIDER INFORMATION			
Date of Call		**Staff Member**	
Time of Call			
INSURER INFORMATION			
Insurance Company			
Phone Number Called			
Person Spoke To			
TYPE OF PLAN			
□ Large Group Plan	**□ Self-insured** **□ Non-self-insured**		
□ Small Group Plan	**□ Self-insured** **□ Non-self-insured**		
□ Individual Plan			
PATIENT INFORMATION			
Patient/Insured's Name			
Insurance Policy Identification Number			
Group Number			
REQUESTED TREATMENT INFORMATION			
Level(s) of Care Requested			

Source: PARITY IMPLEMENTATION COALITION, PARITY TOOLKIT FOR ADDICTION & MENTAL HEALTH CONSUMERS, PROVIDERS & ADVOCATES (2010).

PHONE-BASED REQUEST

REASON(S) FOR DENIAL (OR PAYMENT) FOR MH/SUD TREATMENT

Please disclose the reason(s) for denial of reimbursement (or payment) for MH/SUD treatment, as required by the Mental Health Parity & Addiction Equity Act of 2008.

MEDICAL NECESSITY CRITERIA

Please disclose the criteria used for MH/SUD medical necessity determinations, as required by the Mental Health Parity & Addiction Equity Act of 2008. This includes any processes, strategies, evidentiary standards or other factors used by the insurer to deny authorization or reimbursement for treatment.

SAMPLE PROVIDER REQUEST FOR REASON(S) FOR DENIAL AND/OR MEDICAL NECESSITY CRITERIA

Directions

If you believe that your patient's insurer may have violated the parity law by denying coverage for mental health or substance use disorders (MH/SUD) treatment or by using discriminatory medical necessity criteria, please use this sample letter when requesting the reason for denial and/or medical necessity criteria from the insurer via fax or mail.

The parity law requirement for such disclosures is provided on page 19.

SAMPLE LETTER

[*Date*]

[*Insurance Company and/or Managed Behavioral Health Company*]

[*Member Services Dep't or Other Relevant Dep't*]

[*Address*]

To Whom It May Concern:

[*Patient/Insured's Name*] is insured under [*Policy Identification Number*] and [*Group Number*], which is governed by the Mental Health Parity and Addiction Equity Act of 2008. The patient is a patient at [*Provider Name*], which is licensed or certified by the state of Maryland to provide [*type of*] treatment services.

1. Please disclose the criteria used for MH/SUD medical necessity determinations, as required by parity law.
2. Please disclose the reason(s) for denial of reimbursement for [*treatment*], as required by parity law. This includes any processes, strategies, evidentiary standards or other factors used by the insurer to deny or reimburse for treatment.

Please fax or mail this information immediately at: [*Provider Fax Number or Address*].

Sincerely,

[*Provider*]

Source: PARITY IMPLEMENTATION COALITION, PARITY TOOLKIT FOR ADDICTION & MENTAL HEALTH CONSUMERS, PROVIDERS & ADVOCATES (2010).