

MEDI-CAL APPEAL LETTER FOR SPEECH REDUCTION

<YOUR ADDRESS>

<DATE>

<NAME OF HEALTH PLAN>

Attn: Appeals and Grievance Unit

<ADDRESS>

Re: Request for Appeal for Medi-Cal Patient <NAME>

To Whom It May Concern

I am writing on behalf of my child NAME (DOB: XX/XX/XX ID#XXXXXXX) I am writing to appeal a denial letter received on XX/XX/XX from NAME OF MEDICAL GROUP OR HEALTHPLAN (Ref # XXXXXXXXXXX see attached). The letter states that CHILD'S NAME speech therapy will be cut back from XX sessions per week to two sessions per month.

CHILD'S NAME has been receiving XX weekly XX minute sessions of individual speech therapy from NAME OF SPEECH PROVIDER since XX/XX/XX (See attached Authorization Forms for Prior Speech Therapy).

Due to his/her autism spectrum disorder, CHILD'S NAME has significant impairments in receptive and expressive language, LIST CHILD'S SPEECH IMPAIRMENTS FROM REPORT. (See attached evaluation from NAME OF SPEECH PROVIDER)

CHILD'S NAME has made steady progress towards all his/her defined goals, but further therapy at the same rate (XX sessions per week) is recommended by the speech therapists at NAME OF SPEECH PROVIDER to expand NAME OF CHILD'S (LIST CHILD'S GOALS).

The XX/XX/XX denial letter stated that the change in NAME OF CHILD'S speech allowances was because the patient's Medi-Cal coverage limits speech therapy to two sessions a month.

The law in question which limits speech therapy visits for Medi-Cal patients, AB x35 (which went into effect in 2009), specifies that additional speech therapy is available to those under 21 through Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services where medically necessary. (See attached Department of Health Care Services Medi-Cal Update, Part 2 Billing & Update, June 2009) The attached documentation from the Department of Managed Health Care states that the under 21-exception applies to both Fee-For-Service and Managed Care Plans (Medi-Cal Update from the DMHC June 2009, p. 2). Furthermore, federal EPSDT standards require that children receive coverage of

“necessary health care, diagnostic services, treatment, and other measures . . . to correct or ameliorate defects and physical and mental illnesses and conditions.” (42 USC Sec. 1396d(r)(5)). EPSDT medical necessity standard assures a level of coverage sufficient not only to treat an already-existing illness or injury but also to prevent the development or worsening of conditions, illnesses, and disabilities (42 USC Sec. 1396d(r)(5)).

Additionally, when contacted by the Autism Health Insurance Project, the Medi-Cal Ombudsman explained that it is the responsibility of the health plan/medical group to seek reimbursement from EPSDT, but that the patient’s care may not be impacted or delayed by this exchange.

Medi-Cal managed care plans are also governed by the Knox Keene Act, and must meet the requirement to provide “Basic Health Care Services” as described in Health & Safety code §1367(i) and further elaborated in 28 CCR §1300.67 (a) (1). To confine NAME OF CHILD to a maximum of two speech therapy visits per month violates both of these important state and federal protections.

We respectfully request that you reverse your denial of medically necessary therapeutic speech therapy for NAME OF CHILD and grant him/her speech therapy visits XX times weekly, as recommended by his/her health care professionals. We further request that we are reimbursed for any speech therapy visits paid for out-of-pocket during the period of this dispute.

Sincerely,

Parent Name

Enclosures: (Attached in order)

Copy of Denial Letter

Authorization Forms for Prior Speech Therapy from Medical group or health plan

Reports & Evaluations from Speech Provider

Prescription for Speech Therapy from Primary Care Physician (if available)

Department of Health Care Services Medi-Cal Update, Part 2 Billing & Update, June 2009