

Filing a Health Insurance Appeal

MARYLAND

Private Insurance Plans

Did your insurance company deny or limit your request for mental health or substance use disorder (MH/SUD) services? If so, your insurance company may be violating your health insurance rights. You can challenge the decision by filing an appeal.

The Mental Health Parity and Addiction Equity Act (Parity Act) is a federal law that requires most insurance companies and Medicaid programs to provide the same level of coverage for MH/SUD care as they do for other health conditions. In other words, insurance companies cannot make it more difficult to get or stay in treatment for conditions like depression or substance use than for conditions like asthma or diabetes.

WHEN SHOULD YOU APPEAL?

- If your insurance company denies your request for MH/SUD treatment or will only cover part of your treatment, you have the right to appeal that decision. You can also challenge your insurance company if you see any of the Parity Act [warning signs](#).

HOW CAN AN APPEAL HELP YOU?

- The decision may be **overturned** and you will not have to pay for the services your insurance company is supposed to cover.

WHEN SHOULD YOU FILE AN APPEAL?

- As **soon** as you know you have been denied MH/SUD treatment.

WHAT SHOULD YOU DO IF YOUR CONDITION IS URGENT?

- Contact your insurance company immediately and ask for an **expedited appeal**.
- If your insurance company delays, file an **external review** immediately.

IMPORTANT TERMS

Internal appeal: When you ask your insurance company to review and reconsider its decision to deny your treatment.

Expedited appeal: If your condition is urgent, you can ask your insurance company to review your appeal and make a decision very quickly. Your insurance company can tell you what counts as an “urgent condition.”

Reason for denial: The insurance company’s description of why it denied your treatment.

External review: An independent decision-maker reviews your insurance company’s decision to deny your treatment and may overturn the decision.

Medical Necessity Criteria: A set of standards used by insurance companies to decide what level of care, such as inpatient or outpatient treatment, is appropriate for treating a particular health condition.

HOW TO FILE AN APPEAL

-  **SEND AN APPEAL LETTER TO YOUR INSURANCE COMPANY**
Explain why you need the services and include back-up medical information from your treatment provider.
 - The denial letter from your insurance company will tell you where to send your letter and give the deadline for filing your appeal.
-  **REQUEST THE REASON FOR DENIAL**
You have the right to know **why** your treatment was denied.
 - If your insurance company did not give you the reason for its denial, ask for the reason.
 - Request the **Medical Necessity Criteria** your insurance company used to make its decision.
-  **GET HELP FROM YOUR TREATMENT PROVIDER**
 - Include a **letter** from your treatment provider explaining why you need this treatment.
-  **GET HELP FROM THE MARYLAND ATTORNEY GENERAL OR MARYLAND INSURANCE ADMINISTRATION**
 - The Maryland Attorney General's Health Education and Advocacy Unit can help you file an appeal (free of charge). Contact them at 1-877-261-8807 or go to <http://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx>.
 - The Maryland Insurance Administration Consumer Hotline will provide information about the appeals process including important deadlines. Call 1-410-468-2244 or go to www.insurance.maryland.gov/Consumer/Pages/AppealsAndGrievances.aspx.

AFTER YOU FILE YOUR APPEAL

-  **DECISION TIMELINE**
 - Check your insurance documents for the amount of time your insurance company has to give you a decision.

IF YOUR APPEAL IS DENIED

-  **YOU CAN REQUEST AN EXTERNAL REVIEW**
An independent third-party will review the decision and could overturn your insurance company's decision.
 - To request a review, send a letter to the Maryland Insurance Administration that includes the information identified here: <https://insurance.maryland.gov/Consumer/Pages/AppealsAndGrievances.aspx>. You can also fill out the form found here: <https://insurance.maryland.gov/Consumer/Documents/lh-agcomplaintform08-17rev.pdf>.
 - The Health Education and Advocacy Unit can help you file this appeal.
-  **YOU CAN FILE A COURT ACTION**
If the third-party review still denies your treatment, get legal advice about filing a complaint in court.

MAKE COPIES OF ALL MATERIALS YOU SUBMIT TO THE INSURANCE COMPANY AND KEEP NOTES ON YOUR CONVERSATIONS. KEEP THESE MATERIALS FOR YOUR PERSONAL RECORDS.