



AMERICAN COUNSELING ASSOCIATION

## American Counseling Association

“Dedicated to the growth and development of the counseling profession and those who are served”

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# Managed Care Response Templates: Sample Access and Denial Response Letters

“As a service to members, the American Counseling Association has partnered with Robert J. Walsh, NCC, LCPC and Norman C. Dasenbrook, LCPC, who have over 50 years combined experience in the mental health field (including over 30 years in private practice) and are consultants in counseling practice management, to offer a series of bulletins on various private practice topics. This series includes timely information on starting/expanding/ending a private practice, informed consent, HIPAA requirements, managed care and insurance companies, and strategies for enrolling on provider panels and responding to claim denials. The material presented is copyrighted and should not be reproduced without the permission of the American Counseling Association.”

Walsh and Dasenbrook are co-authors of, *The Complete Guide to Private Practice for Licensed Mental Health Professionals 3<sup>rd</sup> edition*. Their Guide contains the latest information on marketing, advertising, office procedures, dealing with managed healthcare and insurance billing. It contains a CD-Rom with all the forms necessary for your practice. The Guide can be purchased through their web site at [Counseling-PrivatePractice.com](http://Counseling-PrivatePractice.com). For more information you can contact the authors at 3703 N. Main St. Suite 100 Rockford, IL. 61103 815.877.0399

AN APPROACH TO RESPONDING TO CLAIMS DENIALS  
AND ACCESSING MANAGED CARE PANELS

The following strategy has been used to respond to denials by an insurance claim or refusals to allow a clinician to be a member of a managed care panel. For the most effective response, all letters should be sent.

A letter is sent from the client to the managed care or insurance company explaining why they wish to see this particular licensed therapist. A copy (cc) is sent to the company's benefits manager.

The clinician sends an appeal to both the client's employer benefits manager and managed care or insurance company outlining the clinician's credentials and giving the reason the client was referred to him/her.

The clinician asks his or her state organization to develop a response to denials. The state organization's written response to denials should outline the training and extent of practicum involved in the clinician's licensure. This response should be sent to client's employer with a copy to the insurance or managed care company.

A more detailed description about how to utilize these letters in working with managed care is also available on ACA's website, [counseling.org](http://counseling.org), and our book which can be ordered at our website, [counseling-privatepractice.com](http://counseling-privatepractice.com).

**EXAMPLE (To be used by client to open panel to clinician)**

\_\_\_\_\_ Client's Company Name  
\_\_\_\_\_ ATTN: (Director of Benefits, Human Resources)  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, State, Zip

Dear \_\_\_\_\_ (Human Resources Director):

This letter is about my insurance benefits plan. Currently my coverage for mental health services does not include \_\_\_\_\_ (clinician's name).

At this time, I am benefiting form the counseling services of \_\_\_\_\_ (clinician's name and license). I was referred to her/him by \_\_\_\_\_. He/she came highly recommended to me, and I would like to continue with the counseling work we have already begun.

Our benefits package already accepts many MDs, Psychologist, Social Workers, Marriage and Family Counselors, and Licensed Counselors.

\_\_\_\_\_ (clinician's) office has been working with me to get insurance reimbursement. If you have any questions, feel free to call him/her.  
Thank you for your cooperation in this matter.

Sincerely,

Client's Name  
Address  
City, State, Zip  
Phone Number  
Insurance ID#  
Clinician's name and phone

**EXAMPLE (to be used by client to be sent to his/her company's benefits manager)**

\_\_\_\_\_ Company Name \_\_\_\_\_ date  
\_\_\_\_\_ ATTN: (Director of Benefits, Human Resources)  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, State, Zip

Dear \_\_\_\_\_:

This letter is about my insurance benefits plan. Currently my coverage for mental health services does not include \_\_\_\_\_ (clinician's name).

At this time, I am benefiting from the counseling services of \_\_\_\_\_ (clinician's name and license). I was referred to her/him by \_\_\_\_\_ (referral source). He/she came highly recommended to me, and I would like to continue with the counseling work we have already begun.

Our benefits package already accepts MDs, Psychologist, Social Workers and Licensed Counselors.

\_\_\_\_\_ 's (clinician) office has been working with me to get insurance reimbursement. If you have any questions, feel free to call him.

Thank you for your cooperation in this matter.

Sincerely,

Client's Name  
Address  
City, State, Zip  
Phone Number  
Insurance ID#

**EXAMPLE (for use by state organization to open panels/ change as needed to suit situation)**

Company Name \_\_\_\_\_ date  
ATTN:  
Address  
City, State, Zip

Dear \_\_\_\_\_:

We are writing to you because currently your organization does not recognize the Licensed Clinical Professional Counselors (**LCPC or whatever license is named in your state**) as a provider for mental health services under your health plan.

By adding Licensed Clinical Professional Counselors (or your state license name) to your health plan, you will increase the choices your people have for mental health care, and you will increase the convenience they experience in accessing these providers. The insurance profession has discovered that the two most important elements in employee satisfaction with company health plans are choice and convenience. People who can choose their own counselors and access them conveniently make better use of counseling. Their treatment is shorter, more effective, and less expensive. The sooner they receive care, the sooner they return to full productivity in the work setting.

The State of Illinois has licensed counselors because their professional preparation requires a master's degree or PhD in counseling or psychology, two years of post-master's supervised experience, and success in a national clinical counseling exam. Illinois has also passed a "Freedom of Choice" law requiring Illinois companies to allow their employees to choose licensed counselors, as well as social workers, psychologists, and psychiatrists, as their mental health providers. (**change any part to meet your states criterion**)

We hope you agree that including Licensed Clinical Professional Counselors in your employee health plan will benefit both your employees and your company. We would welcome the opportunity to have one of our representatives meet with you to discuss this possibility.

Sincerely,

Robert J. Walsh, MA, LCPC  
Task Force Chair for Insurance and Managed Care

**(use your state organization's official)**

**EXAMPLE (to be used by clinician to gain access to client benefits; use you own letterhead)**

To: \_\_\_\_\_ Insurance Company or Managed Care Company  
ATTN: \_\_\_\_\_ Care Manager  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, State, Zip

Date \_\_\_\_\_

Re: \_\_\_\_\_ client's name  
ID# \_\_\_\_\_ client's number  
Claim # \_\_\_\_\_ (refer to specific denied claim)

Dear \_\_\_\_\_:

This letter is an appeal to the enclosed claim denial. The patient has chosen me and was referred by \_\_\_\_\_ (Primary Physician, etc).

I, \_\_\_\_\_, am a \_\_\_\_\_ (credential here) and also an approved provider with \_\_\_\_\_ (if applicable). I am a licensed therapist whose professional preparation requires a master's degree or PhD in counseling or psychology, two years of supervised experience, and success in a national clinical exam. Please consider me to be an Ad Hoc provider for this client.

Thank you for your reconsideration of this claim. If you have any further questions, please feel free to contact this office.

Sincerely,

(clinician's name and phone)

**EXAMPLE (to be used by any clinician when denied a claim)**

To: \_\_\_\_\_ Company Name  
ATTN: \_\_\_\_\_ Benefits Manager  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, State, Zip

Dear \_\_\_\_\_: (Benefits Manager)

RE: Insurance claim denial

Patient: \_\_\_\_\_  
Member ID# \_\_\_\_\_  
Employee \_\_\_\_\_  
Claim Number \_\_\_\_\_

Dear \_\_\_\_\_:

I am writing to ask you to please reconsider this claim decision.  
\_\_\_\_\_ (Insurance Company/Managed Care Company) has informed us that, currently, the employee's policy does not cover my clinical mental health services.

I am a licensed therapist whose professional preparation requires a master's degree or PhD in counseling or psychology, two years of supervised experience, and success in a national clinical exam.

I have enclosed copies of the claim in question for your information. If you have any questions regarding this information please feel free to call our office.

Sincerely,

\_\_\_\_\_ (CLINICIAN'S NAME, AND CREDENTIALS)

**EXAMPLE (to be used by your client, sent to managed care company, to obtain insurance benefits)**

\_\_\_\_\_ Managed Care Company Name \_\_\_\_\_ date  
\_\_\_\_\_ ATTN: (Case Manager)  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, State, Zip

Dear \_\_\_\_\_:

This letter is about my insurance benefits plan. Currently my coverage for mental health services does not include \_\_\_\_\_ (clinician's name).

At this time, I am benefiting from the counseling services of \_\_\_\_\_ (clinician's name). I was referred to her/him by \_\_\_\_\_ (referral source). He/she came highly recommended to me, and I would like to continue with the counseling work we've already begun.

Our benefits package already accepts MDs, Psychologist, Social Workers, Marriage and Family Therapists, and Licensed Counselors.

\_\_\_\_\_ (clinician's name) office has been working with me to get insurance reimbursement. If you have any questions, feel free to call him/her.

Thank you for your cooperation in this matter.

Sincerely,

Client's Name  
Address  
City, State, Zip  
Phone Number  
Insurance ID#

**EXAMPLE (to be used by clinician to gain access to client benefits; use you own letterhead)**

To: \_\_\_\_\_ Insurance Company or Managed Care Company  
ATTN: \_\_\_\_\_ Care Manager  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip

Date \_\_\_\_\_

Re: \_\_\_\_\_ client's name  
ID# \_\_\_\_\_ client's number  
Claim # \_\_\_\_\_ (refer to specific denied claim)

Dear \_\_\_\_\_:

This letter is an appeal to the enclosed claim denial. The patient has chosen me and was referred by \_\_\_\_\_ (Primary Physician, etc).

I, \_\_\_\_\_, am a \_\_\_\_\_ (credential here) and also an approved provider with \_\_\_\_\_ (if applicable). I am a licensed therapist whose professional preparation requires a master's degree or PhD in counseling or psychology, two years of supervised experience, and success in a national clinical exam. Please consider me to be an Ad Hoc provider for this client.

Thank you for your reconsideration of this claim. If you have any further questions, please feel free to contact this office.

Sincerely,

(clinician's name and phone)