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**Insurance Commissioner Template Letter for Providers**

This letter is intended for providers to express their concerns about insurance companies misclassifying F codes as “mental-health only.”

**Who should I send it to?**

Send it to your insurance commissioner. **Keep in mind that insurance commissioners can only act on certain matters**—for example, if insurance companies are violating or inappropriately implementing a state or federal law. They can also only act if they are provided with the necessary information or evidence to understand the problem and its impact. So in order to effectively work with the insurance commissioner, providers must gather important background information before submitting a complaint:

1. Providers should get a copy of the patient’s explanation of benefits from their plan manager (such as their employer) to verify whether their plan intends to cover habilitation services and/or developmental conditions.
2. Providers/patients should collect documentation of correspondence with the insurance company to submit along with the complaint. This includes but is not limited to:
	1. Denials (with [protected health information, or PHI](https://www.hipaajournal.com/considered-phi-hipaa/), removed)
	2. Appeals (with PHI removed)
	3. Emails
	4. Notes of phone calls, including date and time of the call.
3. Providers should check their commissioner’s website for information on how to submit a complaint and navigate the process. [Find your insurance commissioner departments here.](https://content.naic.org/state-insurance-departments)
4. If providers want to submit a complaint on their patient’s behalf, they need to get permission from the patient. This must be submitted with a provider complaint.

**Note:** As patients are often referred to as “consumers,” their complaints are incredibly valuable. So they are encouraged to submit complaints on their own behalf.

The template letter below provides a blueprint for providers.

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[Date of Submission]

[Name of State Insurance Commissioner or Health Insurance Department]

Re: Inappropriate Implementation of Mental Health Parity and Addiction Equity Act

Dear [Name of Insurance Commissioner]:

As a speech-language pathologist (SLP) providing services to [describe your patient population], I am writing regarding a coverage issue that directly impacts their ability to receive timely and medically necessary care. My patient’s insurance company, [name of insurance company], is inappropriately classifying diagnosis codes from Chapter 5 (F01-F99) of the 2024 International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) as “mental-health only.”[[1]](#endnote-2) This is resulting in [indicate whether services are being denied or inappropriately reimbursed under the mental health benefit]. [Describe the direct impact this is having on your patients, such as a delaying care, exhausting their mental health benefit, incurring higher co-pays, etc. If this is impacting a large number of patients, make sure to include that information as well.]

[Describe what the insurance plan says it covers: Does it indicate coverage of developmental conditions or habilitation services? Indicate whether services were covered previously and when the coverage changed or ended. Describe all the ways you have tried to work with the insurance company to get the services covered appropriately.]

Although SLPs do treat patients diagnosed with conditions listed within Chapter 5―such as autism spectrum disorder (ASD)― their interventions are not classified as mental health services under current medical standards. SLPs play a central role in screening, evaluating, and treating individuals with ASD in areas including speech, language, social communication, swallowing, and feeding.[[2]](#endnote-3)

There are also codes in a section of Chapter 5―“Pervasive and specific developmental disorders (F80-F89)”―that include conditions commonly treated by SLPs that are not considered mental health conditions. For example, SLPs are the preeminent providers treating communication disorders that are captured in section F80 for specific developmental disorders of speech and language.[[3]](#endnote-4) According to the American Speech-Language-Hearing Association, codes from the F80-F89 section are the correct options for SLPs to assign and bill unless a patient has an underlying medical condition or there are no appropriate F codes.[[4]](#endnote-5)[[5]](#endnote-6)

[Indicate if the insurance company has not provided any appropriate coding alternatives.]

I need your help to ensure my patient’s plan is appropriately administered by [name of insurance company]. Thank you for taking the time to consider my complaint.

Sincerely,

[Your full name]

[Any additional identifying information required by your commissioner when filing a complaint]

1. National Center for Health Statistics. (2024). *ICD-10-CM files*.

<https://www.cdc.gov/nchs/icd/icd-10-cm/files.html> [↑](#endnote-ref-2)
2. American Speech-Language-Hearing Association. (n.d.). *Autism and Autism Spectrum Disorder* (Practice Portal).

<https://www.asha.org/practice-portal/clinical-topics/autism/#collapse_4> [↑](#endnote-ref-3)
3. American Speech-Language-Hearing Association. (2016). *ASHA Practice Policy: Scope of Practice in Speech-Language Pathology* (Scope of Practice). <https://www.asha.org/policy/> [↑](#endnote-ref-4)
4. Ryan, M. & Swanson, N. (2023, November 8). *Answers to Your FAQs About Coding*. ASHA LeaderLive. <https://leader.pubs.asha.org/do/10.1044/leader.FAQ.28112023.coding-faqs-slps-auds.10/full/> [↑](#endnote-ref-5)
5. American Speech-Language-Hearing Association. (n.d.) *ICD-10-CM Coding FAQs for Audiologists and*

*SLPs*. <https://www.asha.org/practice/reimbursement/coding/icd-10-cm-coding-faqs-for-audiologists-and-slps/#slpDevelopment> [↑](#endnote-ref-6)