

# Tips for Writing Letters for Insurance Coverage of Recommended Therapies

Insurance coverage for speech and language therapy, occupational therapy, physical therapy, behavioral therapy, applied behavioral analysis, and psychotherapy is extremely variable depending on the insurance company, type of policy, and laws of the state from which the policy originates. Health plan benefits generally cover treatments for medical conditions and exclude services related to developmental delay.

Specific language and coding must be used to optimize coverage of services. Emphasizing the neurologic basis of the deficits in children with autism spectrum disorders (ASDs) is paramount in obtaining appropriate coverage. Most often, it is more effective to use a more specific code, rather than the general code for autism, to justify a particular type of therapy.

## Letter #1: Commonly Prescribed Therapies

The following are commonly prescribed therapies and corresponding diagnoses:

- Speech and language therapy: dysphasia, **784.5**; oral-motor dyspraxia (or apraxia), **784.69**
- Occupational therapy: dyspraxia or hypotonia, **781.3** (adversely affecting fine motor skills)
- Physical therapy: dyspraxia, hypotonia, or ataxia, **781.3** (adversely affecting gross motor skills); gait abnormality, **781.2**
- Behavioral therapy or psychotherapy: neurobehavioral dysfunction, **310.9**

Recommendations for therapies that are still considered experimental (eg, sensory integration therapy) are not likely to be covered by insurance.

## Letter #2: Intense Behavioral Interventions

These recommendations are usually for a large number of therapy hours per week and supervision of the therapists. Even if covered, the number of hours are usually subject to limitations.

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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*Date*

To Whom It May Concern:

*Name of Patient*, date of birth: / / , is a patient of mine with the following diagnosis:

*Diagnosis*, #

*Patient's first name* suffers from a complex brain disorder of uncertain etiology, leaving *him/her* with neurologic impairments interfering with normal activities of daily living. Neurologic functioning is presently inadequate for the appropriate *language/fine motor/gross motor/social/behavioral* skills required to meet the demands of *his/her* daily routine. From the time that clinical assessment indicated that *Patient's first name's* neurologic condition was affecting these skills, appropriate medical intervention included a minimum of \_\_\_\_\_ hours per week of *specify therapy* to restore neurologic function to the level necessary for meeting the demands of *his/her* normal daily activities. This amount of intervention is medically necessary to treat *Patient's first name's* neurologic condition. *Patient's first name's* prognosis for realizing *his/her* full neurologic potential is significantly improved with the recommended treatment. Specific goals of therapy should be outlined and submitted by *Patient's first name's* therapist. Periodic reevaluation at 6- to 12-month intervals is necessary to monitor ongoing progress.

Please let me know if I may be of further assistance.

Sincerely,

*Doctor's Name*, MD

*Note: This is a sample letter. You should rewrite the letter as needed for your clinical practice.*

Date

To Whom It May Concern:

*Patient's Name*, date of birth: / / , is a patient of mine who has a complex brain disorder of uncertain etiology, leaving *him/her* with neurologic impairments interfering with normal activities of daily living. Neurologic functioning is presently inadequate for the appropriate language, social, and play skills typical of a child *Patient's first name's* age.

*Patient's first name's* neurodevelopmental profile is consistent with the diagnosis of Autistic Disorder, *ICD-9-CM 299.00*. *He/She* requires intensive behavioral modification therapy, *CPT 90801*, based on the techniques developed by Dr Ivar Lovaas at UCLA, to make optimal neurobehavioral gains in functions of daily living.

The US Surgeon General, Dr David Satcher, wrote in 1999:

*Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior. A well-designed study of a psychosocial intervention was carried out by Lovaas and colleagues (Lovaas, 1987; McEachin et al, 1993). Nineteen children with autism were treated intensively with behavior therapy for two years and compared with two control groups. Follow-up of the experimental group in first grade, in late childhood, and in adolescence found that nearly half the experimental group but almost none of the children in the matched control group were able to participate in regular schooling. Up to this point, a number of other research groups have provided at least a partial replication of the Lovaas model.\**

This therapy should be provided at a minimum of \_\_\_\_\_ hours per week. Periodic reevaluation at 6- to 12-month intervals is necessary to monitor ongoing progress.

Please let me know if I may be of further assistance.

Sincerely,

*Doctor's Name*, MD

\*US Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: US Department of Health and Human Services; 1999:164.

*Note: This is a sample letter that is intended for pediatricians to advocate for insurance coverage, not to advocate for specific services in the Early Intervention Program. You should rewrite the letter as needed for your clinical practice.*