

# Overcoming Insurance Denials

Coverage for mental health and substance use disorder care can be more challenging than for other medical conditions. You paid for insurance coverage. Cover My Mental Health provides resources and tools to help overcome barriers to that coverage.

Steps to take today to help resolve denied claims BEFORE filing an appeal.

 **Cover My Mental Health offers guidance and tools.**

## 28%

of adults with a mental illness reported they did not receive the treatment they need  
[2022–Mental Health America]

### Treatment Plan Denied

## 50%

of cases of mental health conditions start by age 14  
[National Institute of Health]

**Not Medically Necessary?**

**Talk to Health Insurer**  
Tips for talking with service reps

**Insurer Requires Step Therapy**

## Medical Necessity Letter

*The Authoritative Voice for Determination of Appropriate Care*

For changes in level of care or medication

For updates in patient status or care choices

For notices of denied claims or treatment

*Request your clinician provide a medical necessity letter and make direct contact with the insurer.*

## 70%

of patients seeking mental health treatment had claims denied by insurance  
[2020–National Alliance on Mental Illness]

**Talk to Health Insurer**

## 42%

of adults say cost & poor coverage are top barriers for accessing mental health care  
[2024–Nat'l Council on Mental Wellbeing]

**File a Formal Insurer Complaint**

A formal complaint is NOT an appeal

**Engage Available Advocates**

Family/Friends, Constituent Services, Insurance Regulators

