

Overcoming Insurance Obstacles to Mental Health Care: A Role for Clinician Advocacy

Discover best practices for medical necessity letters, peer-to-peer reviews, and escalation steps toward insurance coverage.

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Generally accepted standards →
A clinical term for the body of evidence that guides clinical decision-making

Clinicians are trained in generally accepted standards.

Advocating for patient’s insurance coverage may be most effective with a medical necessity letter, providing the case-specific rationale for why the care is medically necessary. ^{(1), (2)}

Medical necessity → A legal term defining what insurers are obligated to pay for

Insurers’ contractual commitment is coverage of “medically necessary” care

Their basis for such a determination may not align with generally accepted standards, rather based on proprietary, even undisclosed, standards.

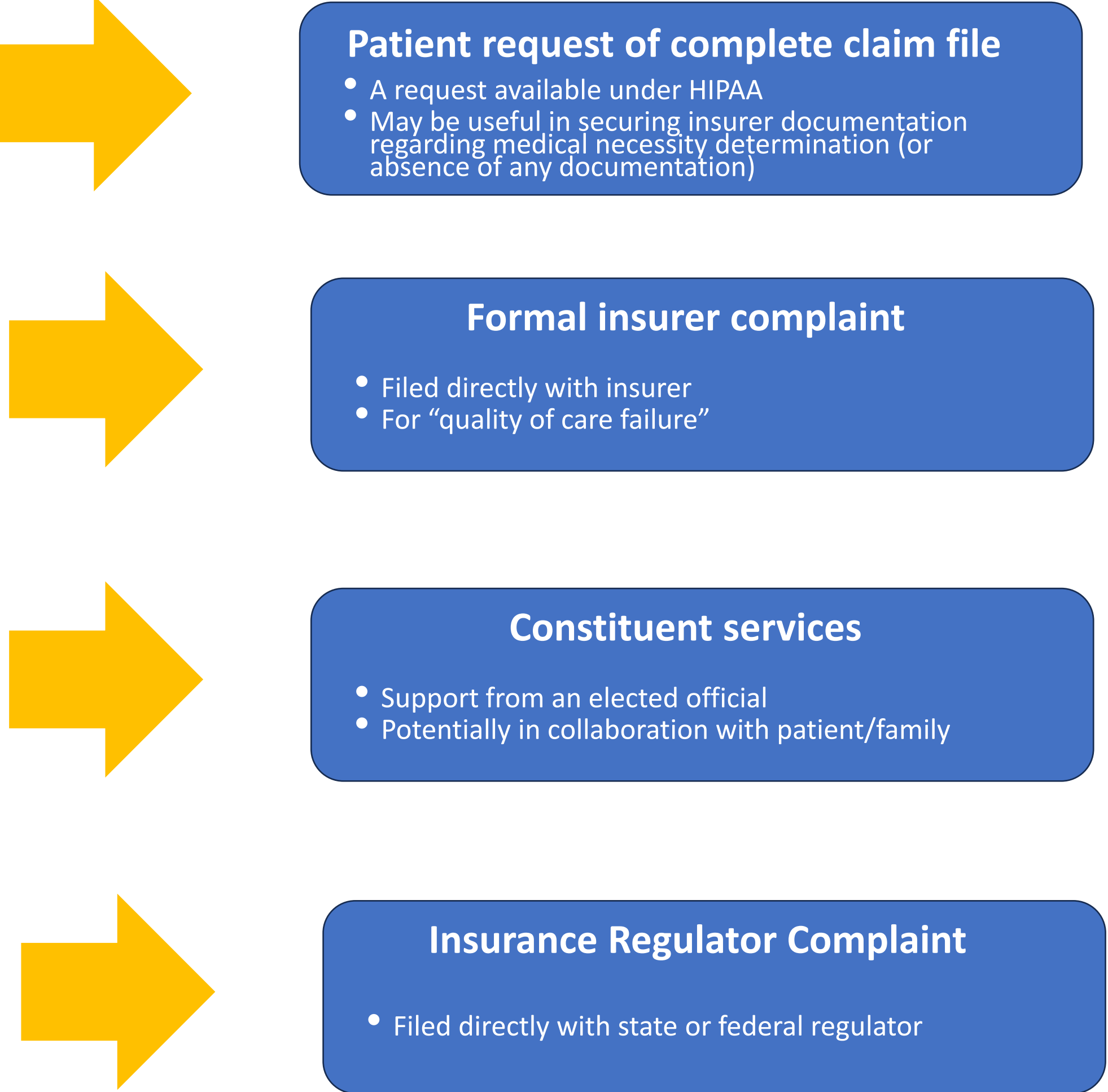
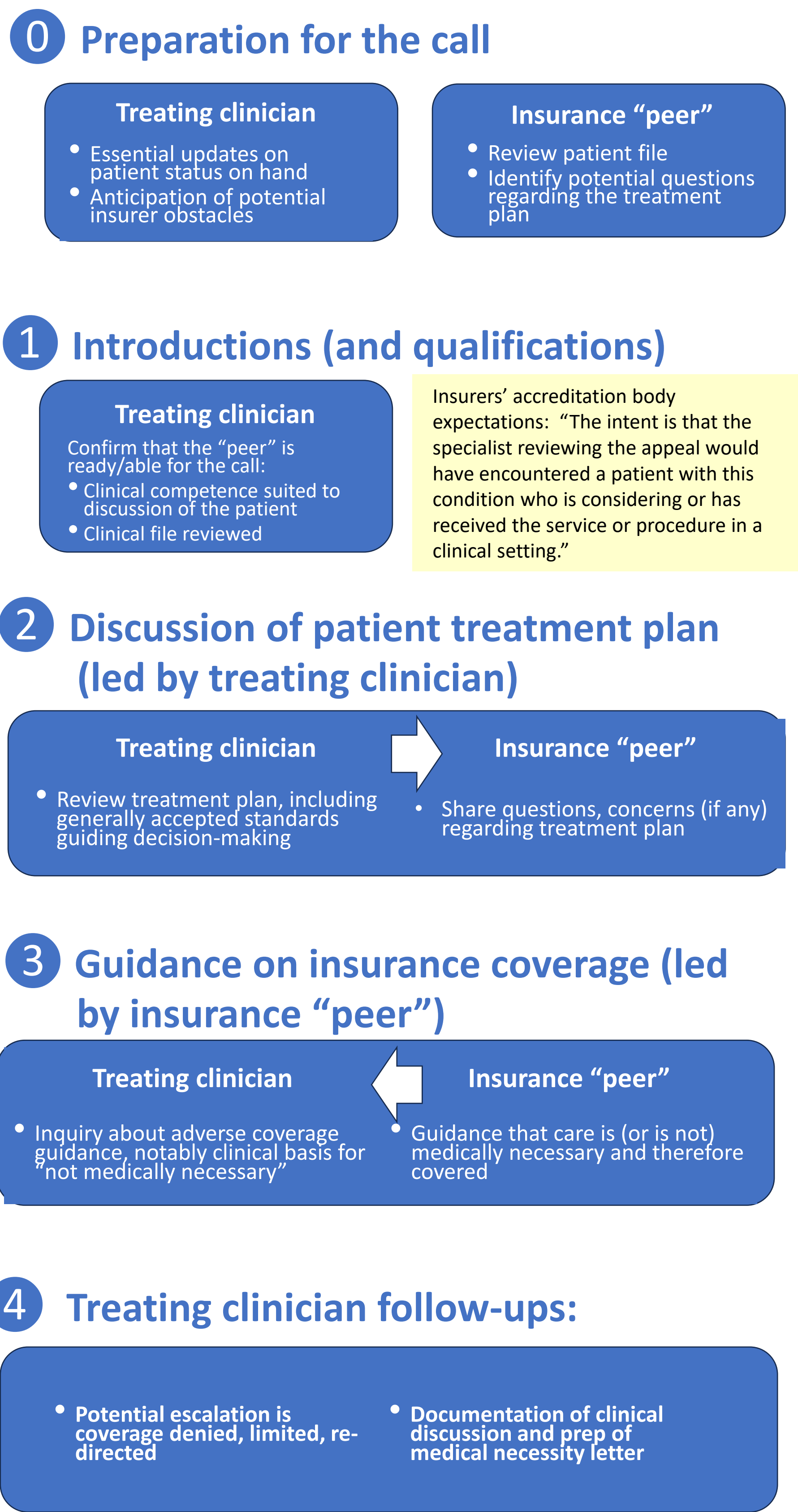
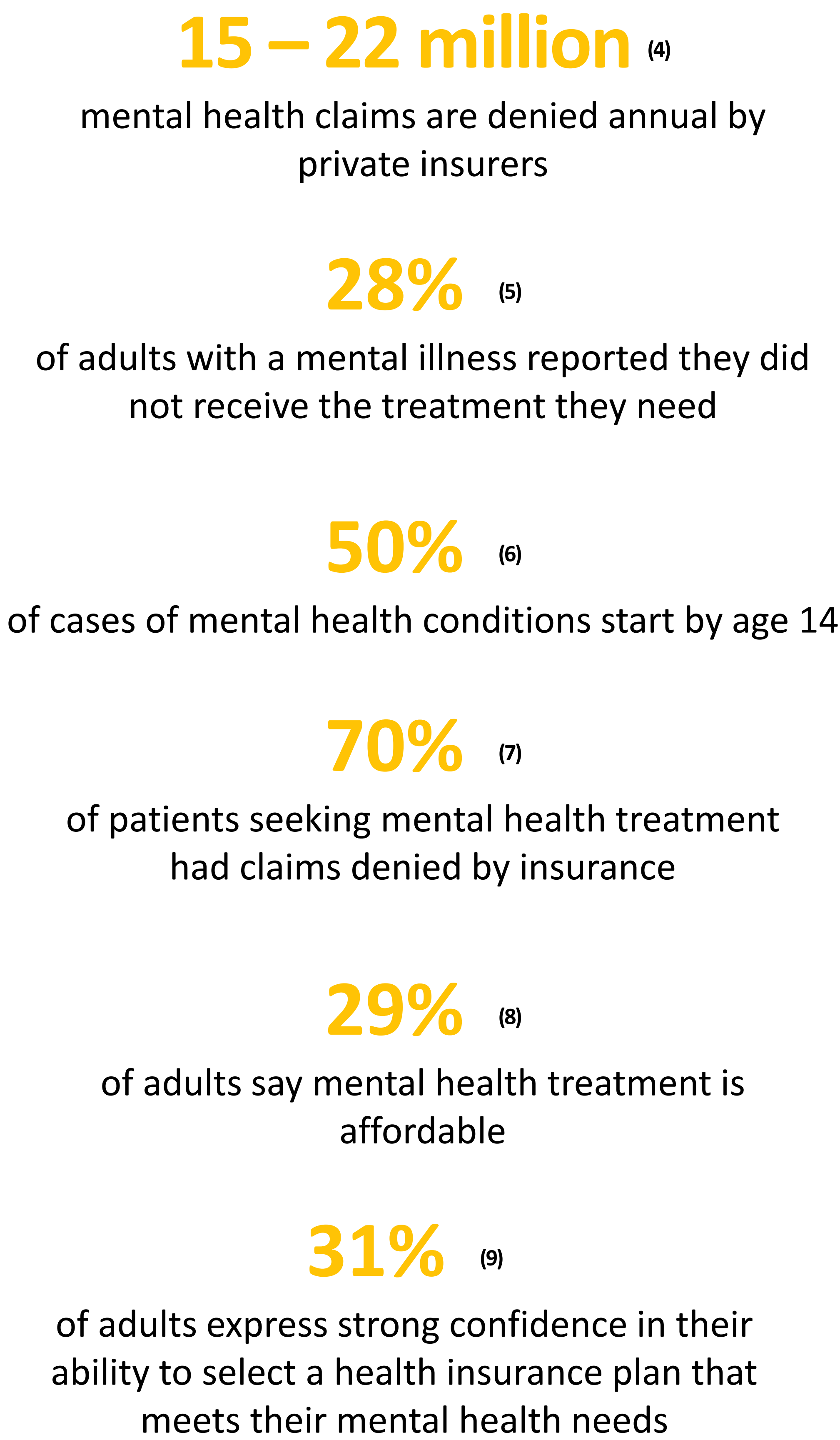
Peer-to-peer Reviews with Insurance:
Best Practices for Preparation and Patient Advocacy

Peer-to-peer reviews should be treated as structured advocacy moments, with preparation, documentation, and follow-up letters ready if coverage is denied or redirected. ⁽³⁾

If at first you don’t succeed, advocacy moves to new possibilities

Escalation steps may be available to clinicians to advocate for their patients and for themselves as the treating plan decision-maker ⁽¹⁰⁾

Clinical prompts for medical necessity letters	Examples
Change in level of care	Transition to/from: - intensive outpatient (IOP), - partial hospitalization (PHP), - residential care, - in-patient care
Medication change to Rx with known denial risk by insurer	On insurer’s “suggestion” of a different medication inconsistent with clinician’s determination
Update in patient status or clinical decision-making	- Notable progress (or reversal) - New or modified treatment plan
Following notice of denied claim	Explanation of Benefits specifies “denied as not medically necessary”
Prior authorization	- At time of prior authorization - Reversal of prior authorization
Higher “dosage” of therapy indicated	Insurer “inquiry” regarding appointment frequency
Following denial for treatment deemed “experimental”	Insurers may deny as experimental a treatment accepted by mainstream medical community



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(3) Moran, Mark; *Peer-to-Peer Review Focuses on Quality of Care—Except When It Doesn’t*; Psychiatric News, Volume 61, Number 5, <https://doi.org/10.1176/appi.pn.2026.05.5.35>

(4) Cover My Mental Health unpublished, internal estimate of addressable market

(5) National Council on Mental Wellbeing; <https://mhanational.org/quick-facts/>

(6) Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication*. Arch Gen Psychiatry. 2005 Jun;62(6):593-602. doi: 10.1001/archpsyc.62.6.593.

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(8) American Psychiatric Association Foundation; 2024 presentation at Stop Stigma Together conference, Salt Lake City

(9) <https://growththerapy.com/blog/mental-health-coverage-survey/>

(10) DeBofsky, Mark; Joseph Feldman; *Alternatives to enforcing patient rights to mental health care through private insurance*; Illinois Bar Journal; accepted for publication in fall 2026

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