

ABA Insurance Appeal Letter Template

A printable parent tool from Harmony Care Finder

General template notice

This is a general template, not legal advice. Review your plan's specific appeal process and deadlines before sending.

[Your Name]

[Your Address]

[City, State ZIP]

[Date]

[Insurance Company Name]

Attn: Appeals Department

[Insurer Address]

RE: Formal Appeal of Denial for Applied Behavior Analysis (ABA) Therapy Services

Member Name: [Child's Full Name]

Member ID: [Insurance ID Number]

Date of Denial: [Date of Denial Letter]

Claim/Reference Number: [Claim Number]

Dear Appeals Department,

I am writing to formally appeal your decision to deny coverage for Applied Behavior Analysis (ABA) therapy services for my child, [Child's Name], who was diagnosed with Autism Spectrum Disorder (ASD) on [Diagnosis Date] by [Diagnosing Provider's Name, Credentials].

[If applicable, name your state's autism insurance mandate here, for example: "Under [State] law ([Statute name/number]), health plans issued in this state are required to cover the diagnosis and treatment of autism spectrum disorder, including ABA therapy, when prescribed as medically necessary."]

ABA therapy has been recommended by [Prescribing Physician/BCBA Name, Credentials] based on [brief clinical rationale, for example: "a comprehensive diagnostic evaluation and functional behavior assessment"].

I am requesting that you:

1. Reverse the denial and approve coverage for ABA therapy services as prescribed.
2. Provide a written explanation of the specific medical necessity criteria used in this determination, if you decline this appeal.
3. Explain any available next-level or external review options if this appeal is denied.

Enclosed with this letter:

- A copy of the denial letter
- [Diagnosing provider]'s diagnostic evaluation and treatment recommendation
- [BCBA/prescribing provider]'s letter of medical necessity
- [Any other supporting documentation, e.g., prior treatment records]

Please respond within the timeframe required under my plan's policy or applicable state law. If you need any additional information to process this appeal, please contact me at [phone number] or [email address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

Enclosures: [list]

cc: [Child's pediatrician / BCBA, if applicable]

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