



Requesting Medical Necessity Criteria from Your Insurance Plan

According to OCI's Web site, www.oci.wisconsin.gov/ins_rev/in0810.pdf:

[The *Wisconsin Parity Act*] requires a group health benefit plan, a governmental self-insured health plan and an individual health benefit plan that provides coverage for the treatment of mental health and substance use disorder conditions to make available the criteria for determining medical necessity under the plan with respect to that coverage.

Insurance companies define the services they consider to be “medically necessary” as those which are reasonable and necessary or appropriate in light of clinical standards of practice. You are entitled to request from your insurance plan the medical necessity criteria that it uses to review your claims for services, and to ask why any potential denials are made in reference to these criteria. After receiving the medical necessity criteria, we encourage you to discuss them with your provider and ask whether the level and type of services authorized in your plan are what your provider thinks are needed. Your provider should be willing to explain which services they have requested and why.

More information on these processes is available on the parity page of the Web site of Mental Health America-Wisconsin, www.mhawisconsin.org/mental_health_parity.aspx.