

ABA Insurance Appeal Kit

Print this. Fill it in. Bring it with you.

A denial letter is not the final word. Most states require insurance to cover ABA therapy in some form, and a large share of ABA denials are overturned on appeal — especially when the appeal is built correctly the first time. This kit walks through exactly what to do, includes a medical-necessity letter template your BCBA can adapt, and a script for requesting continuation of benefits while your appeal is pending.

Before anything else: get the denial reason in writing. "Not medically necessary," "provider out of network," and "exceeds plan hour limit" are three different problems with three different fixes — you cannot build the right appeal without knowing which one you're facing.

The 5-Step Appeal Path

1. **Get the denial reason in writing.** Call member services and ask for the specific denial code and the exact plan language they're citing. Confirm the appeal deadline in the same call — it's usually 60 or 180 days from the denial, and missing it can close the door on this claim.
2. **Ask your BCBA for a letter of medical necessity.** This is the single highest-leverage document in the appeal. It documents your child's diagnosis, current functioning, specific goals, and clinical justification for ABA at the recommended hours. A template is below — bring it to your provider rather than writing the clinical content yourself.
3. **Request continuation of benefits, in writing, if therapy is already underway.** If ABA was previously approved and is now being reduced or cut off, ask in writing whether your plan's continuation-of-benefits provision applies while the appeal is active. A script is below.
4. **File the formal internal appeal.** Follow your plan's specific process (in the denial letter). Attach the medical-necessity letter, your child's assessment/treatment plan, and copies of any prior correspondence. Send by a method that gives you a delivery record.
5. **If denied again, request an external review.** Most states guarantee an independent external review by a third party with no relationship to your insurer — this is where many denials are ultimately overturned. If that also fails, your state insurance commissioner and disability-rights legal aid organizations are the next steps.

Medical-Necessity Letter — Template

This is a starting structure for your BCBA or treating clinician to adapt — it is not a substitute for their clinical judgment, and the actual content must come from your child's own treatment team.

Letter of Medical Necessity — Applied Behavior Analysis

Re: Patient name, DOB, member ID

I am writing to document the medical necessity of Applied Behavior Analysis (ABA) therapy for patient name, diagnosed with Autism Spectrum Disorder on diagnosis date.

Current presentation: summary of current functioning, deficits, and behaviors targeted for intervention.

Recommended treatment:

number of hours/week, setting, specific goals (e.g., communication, self-injurious behavior reduction, daily living skills).

Clinical rationale: ABA is an evidence-based intervention for Autism Spectrum Disorder supported by decades of peer-reviewed research. Without continued treatment at the recommended intensity, clinician's stated risk of regression or lost developmental window.

I am available to discuss this case directly with your medical review team.

Clinician name, credentials (BCBA), license/certification number, contact information.

Continuation-of-Benefits Request — Phone/Email Script

What to say when calling member services

"My child, name, member ID ID number, has an active internal appeal on file for ABA therapy denial dated date. Because this therapy was previously approved and is currently in progress, I'm requesting confirmation in writing of whether continuation of benefits applies while the appeal is pending, under the plan's applicable federal or state continuation-of-care provisions. Please send that confirmation to your email/mailling address and provide a reference number for this call."

Keep a paper trail. Log the date, name, and outcome of every call. Follow up phone requests with a one-line confirming email ("Per our call today, confirming I've requested..."). Appeals move faster and hold up better when there's a written record, not just a memory of a phone call.

Disclaimer: This guide provides general information, not legal or insurance advice specific to your plan. Appeal rights, deadlines, and continuation-of-benefits rules vary by state and by plan. For guidance specific to your situation, consult your insurance company's appeals department, your state insurance commissioner, or a disability-rights attorney.

Common Questions About Appealing an ABA Denial

See the FAQ schema above for the 5 most common questions families ask when an ABA denial arrives — what to do first, what a medical-necessity letter is, what continuation of benefits means, what happens after a second denial, and how long the process takes.

Related: [Does Insurance Cover ABA? State-by-State Guide](#) | [How to Choose a Provider](#) | [Resources for Parents](#)

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