In 2003, the Minnesota legislature passed Minnesota Statute 62Q.675 thanks in large part to the efforts of the Minnesota Commission of Deaf, DeafBlind and Hard of Hearing, parent advocates and others. This bill was amended in 2007. While this legislation has helped many parents obtain hearing aids for their children, it only applies to employers with Minnesota group health or health maintenance organization (HMO) plans. ERISA (a federal law) exempts self-insured plans from state health coverage requirements. In many cases when parents have received denial letters for their child’s hearing aids, the parent works for an employer with a self-insured health plan or has insurance coverage through an out-of-state health plan.

Parents have the right to file an appeal and ask their employer to reverse the decision denying coverage of their child’s hearing aid.

The information in this packet is intended to assist parents with the appeals process. Special thanks to the parents who graciously allowed us to share their materials and to the staff at the Minnesota Department of Commerce for their contributions.

Getting started
The Minnesota statute regarding hearing aid coverage is number 62Q.675 (as amended in 2007). Effective August 1, 2007, Minnesota Statute 62Q.675 applies to health plan policies, contracts, and certificates issued or renewed on or after that date. The statute says:

[62Q.675] [HEARING AIDS; PERSONS 18 OR YOUNGER.] A health plan must cover hearing aids for individuals 18 years of age or younger for hearing loss that is not correctable by other covered procedures. Coverage required under this section is limited to one hearing aid in each ear every three years. No special deductible, coinsurance, co-payment, or other limitation on the coverage under this section that is not generally applicable to other coverages under the plan may be imposed.

You have six months to file an appeal if you receive a letter denying coverage of your child’s hearing aid/s. This six month window begins on the date your claim was denied. A successful appeal includes compelling, fact-based arguments for why your child’s hearing aids should be covered. The materials included in this packet will help you explain why hearing aids are so important for children.
To get started, contact your employee benefits administrator. This person is typically in your employer’s human resources department. Ask the employee benefits administrator:

1. If your health plan is a Minnesota plan or is issued in another state; and
2. Whether the plan is offered through a health maintenance organization (HMO) or self-insured.

Remember, the Minnesota statute does NOT apply to employers who are self-insured or health plans from another state.

**Tips for fighting back**

1. Be persistent. By complaining to your company’s health plan administrators, government officials and your medical providers, you are more likely to get the attention you deserve. This also helps to increase awareness of the importance of hearing aids and communication access and help set the stage for future plan changes.
2. Be firm. Let health plan administrators know that you believe they are in breach of the promises made to you. These are legal words that tell the health plan you mean business, you know your legal rights and will enforce them if necessary.
3. Read your contract. Don’t accept the health plan’s claim that something is not covered. Read your contract and determine for yourself if the health plan’s position is right or wrong. Compare the language in the health plan’s denial letter to the language in your contract.
4. Document every communication. When you call the health plan, they will document what you say. You should do the same. Get the name and number of the person you are talking to and write down what you are being told. Be sure to note the date and time of the interaction.
5. Make your complaint in writing. This will make it harder for the health plan to minimize your concerns.
6. Be your own advocate. Ask a lot of questions and know your rights. Let the health plan know that you understand your rights.
7. Ask your child’s doctor to be your advocate. Develop a strong relationship with your child’s doctors and specialists. When you encounter a problem with your health plan, ask your doctors to write a letter on your behalf disputing the denial, using language from the contract whenever possible.
8. Understand and follow the plan’s appeal process. Your health plan has informal appeal and grievance processes. Use these processes.
9. Find out who is behind the “no.” In the case of a self-insured health plan, your employer might want to provide the coverage but its stop loss carrier (which insures the employer) does not. Or perhaps your physician wants to make a referral, but the HMO is standing in the way. Find out who is really behind the refusal to let your child have the care he or she needs. It will make solving the problem easier.

Adapted from the Minnesota Attorney General. More tips are available from the Minnesota Attorney General's webpage, [Managing Your Health Care](http://www.ag.state.mn.us/Consumer/Handbooks/ManageHealthcare/CH03.asp).

**Appeal and complaint process:**

**Fully-insured or HMO plans**

Licensed health insurance providers must have an internal and external review process. They must also outline their complaint resolution procedures for plan participants.

**Internal appeal process:**

- Contact your health plan and ask for detailed information on the reason your claim was denied. This is the first step in the internal appeals process. Insurance companies must respond to your complaint within a specified period of time.

**External appeal process:**

- You may request an external review if you still are not satisfied.
- Minnesota Department of Commerce will work with an impartial third party to determine if the denial was justified.
- There is a $25 fee for each external review. This may be waived for financial hardship.
The health plan must abide by the Minnesota Department of Commerce decision.
You have the right to appeal the decision in court if you are not satisfied with the decision.

**Appeal and complaint process: Self-insured or self-funded plans**

Employers that provide self-insured coverage are required to have an appeal process. You have 180 days (six months) to file a written appeal with your employer. Some employers use a Third Party Administrator (TPA) to process claims. You may submit your appeal to the TPA or directly to your employer.

For more information, see the U.S. Department of Labor’s publication [Filing a Claim for Your Health Benefits](https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/filing-a-claim-for-your-health-benefits.pdf).

**Other resources**
The Minnesota Department of Health regulates all Minnesota Health Maintenance Organizations (HMOs).

- [Minnesota Department of Health’s website](https://www.health.state.mn.us/facilities/insurance/)
- Phone: 651-201-5100 or 888-345-0823

The Minnesota Department of Commerce regulates insurance companies, investigates complaints on behalf of consumers and works to resolve disputes between consumers and insurers.

- [Minnesota Department of Commerce’s website](http://mn.gov/commerce/consumers/your-insurance/health-insurance/)
- Phone: 651-539-1600

The U.S. Department of Labor, Employees Benefits Security Administration (EBSA) regulates self-insured employers. They also have information about the Affordable Care Act and how it adds protections to employment-based group health plans for you and your family.

- [U.S. Department of Labor, Employees Benefits Security Administration’s website](https://www.dol.gov/agencies/ebsa/workers-and-families/additional-protections)
- Phone: 866-444-3272
Writing effective appeal letters

An appeal letter should include:

- Your name
- Your address
- Insurance identification number and group number
- Your child’s date of birth
- Date services were provided
- The insurance claim number
- A statement that you are appealing denial of a claim
- Why you think the claim should be paid and supporting facts
- Supporting documentation

Your appeal letter should focus on the facts, not emotions.

Send your appeal letter by certified mail to document the date your letter was received by your employer or the insurance company.

Several online resources for writing an effective insurance appeal letter are listed below. You can also search “how to write an insurance appeal letter” in your preferred internet search engine.

- Insurance.com’s [How to appeal a health insurance claim denial – and win!](https://www.insurance.com/health-insurance/coverage/appeal-a-health-insurance-claim-denial.html)
- Insure.com’s [Sample letter of appeal for a health insurance claim denied as “not medically necessary”](https://www.insure.com/health-insurance/claim-denial-appeal.html)
- Washington State Office of the Insurance Commissioner’s [Appealing a health insurance denial](https://www.insurance.wa.gov/appealing-health-insurance-denial)

The links above show generic letters that you can use as a guide. Following are two sample appeal letters regarding denial of hearing aid coverage. The first is directed to the parent’s insurance company. The second letter is addressed to a human resources department to encourage the company to add hearing aid benefits.
Sample appeal letter to the insurance company

Date

Name and Position Title
Name of Insurance Company
Street Address or Post Office Box
City, State, Zip Code

Re: Your Child’s Name
Policy/Member Number

Dear Name:

This letter is in reference to your denial letter dated [date]; this letter serves as my request for an appeal process on behalf of [child’s name].

[Child’s name] was born on [date]. Before leaving the hospital, he was given a hearing test and failed. Finally at 4 months, he was diagnosed with a [type of hearing loss your child has] by [audiologist’s name] at [hospital or clinic]. Enclosed is the actual data – [child’s name] ABR (auditory brainstem response) and OAE (otoacoustic emission). It shows what he can and cannot hear. Also, I have enclosed an audiogram on which I have highlighted the frequencies he can’t hear and some statistical information about what a person with [degree of hearing loss your child has] would encounter without hearing aids.

The type of hearing loss my son has is permanent and if untreated will adversely affect [child’s name] ability to speak. He is not a candidate for any type of corrective surgery or for a cochlear implant. Hearing aids are the only medical solution to his disability at this date and time. In his case, hearing aids are medically necessary, not cosmetic, and would significantly improve my son’s ability to hear and be safe in his environment. Without the hearing aids [child’s name] will not be able learn information through speech. Without hearing aids [child’s name] will be unable to communicate clearly with friends and family. This communication gap has been demonstrated by many research studies to lead to secondary disabilities. All of these have potential for limiting his independence and impacting his health and wellness, which subsequently may increase his health care costs. In this context hearing aids are a cost-effective solution.

I learned that [insurance company name] covers prosthetics and leg braces if a child was born needing them. I was quite surprised to learn you are selective in what types of disabilities you are willing to cover when paying for services and items. I believe it is unjust that [name of insurance company] will not cover a medically needed item, in this case – hearing aids, ear molds and hearing evaluations for a child with congenital hearing loss.

Thank you for your prompt attention to this matter. I look forward to your response.

Sincerely,

Your signature

Enclosures: ABR and OAE, Audiogram of Familiar Sounds, Influence of Hearing Aids on Speech/Language
Cc:
Date

Company Name
Human Resources
Address or Post Office Box
City, State, Zip Code

Re: Hearing Aid Coverage

Name of Person [or To Whom It May Concern]:
I would like [company name] to add hearing aid coverage as a benefit to all of the health plans that are offered to employees. This would benefit employees who have children born with a hearing loss. Our kids need hearing aids so they reach their full potential and become responsible, contributing citizens and effective members of the workforce.

Up until 2003, many Minnesota insurance companies denied coverage for hearing aids as “cosmetic improvements.” The Minnesota legislature passed a bill requiring insurance companies to cover the cost of hearing aids for children with hearing loss. The law, Minn. Stat. 62Q.675, which was revised in 2007, requires the insurance company to provide (with applicable, but not special, co-pay deductible) new hearing aid(s) once every three years until the child is 18 years old.

I have attached a copy of the law, as well other supporting documents that show the importance of hearing aids for children. Because [company name] is self-insured for its employees, this legislation does not impact our plan. However, in my research, I have found other self-insured companies in the State of Minnesota that have hearing aid coverage on their health plans and I hope our company will join them in covering hearing aids for children.

Approximately two to three of every 1,000 children in the United States are born deaf or hard of hearing. So it is unlikely that the [company name]’s self-insured plan would be greatly impacted by adding this coverage.

As the sponsor of a self-insured plan, [company name] can control, in many cases, which benefits its insurance plan will provide. This plan does cover other preventative and corrective treatments that may reduce the cost of health care needs in the future. Therefore, I urge you to look at the enclosed studies and other pertinent information regarding the impact hearing aids have on a child’s overall health and wellness.

Please let me know if there is any additional information you feel you need to help make this decision. Your consideration in this matter would be greatly appreciated.

Kindest regards,

Signature
Enclosures
Cc:
Supporting documents

The Patient Advocate Foundation on their webpage Things to Include in Your Appeal Letter (https://www.patientadvocate.org/explore-our-resources/insurance-denials-appeals/things-to-include-in-your-appeal-letter/) offers the following recommendations:

“Ask your medical provider to prepare a letter of medical necessity explaining prior treatments and the reason the treatment in question was being ordered and is necessary for your situation.

Provide and reference published journal articles or treatment guidelines from an industry recognized group or institution, demonstrating outcome benefits and treatment success.

Anything else that supports your request, including copies of pre-authorizations if submitted, second opinions, etc.”

Letter from your medical provider

Ask your child’s audiologist or other specialist to write a letter explaining the benefits for your child. In some cases hearing aid coverage has been declined as not medically necessary. A letter from your child’s doctor or doctors should:

- Detail your child’s diagnosis.
- Explain the medical reason for prescribing hearing aids, and confirm that this is medically necessary.
- Identify negative impacts expected if your child does not use the prescribed hearing aids.
- Explain the benefits the doctor expects your child to realize with the prescribed hearing aids.
- Define the treatment plan.

Published research studies

It can be challenging for people outside the medical profession to access professional medical journals, but again your child’s audiologist or doctor may be helpful here as well. You can find some studies through internet searches of “benefits of hearing aids for children.” The following studies may be useful resources:

- Ensuring Financial Access to Hearing Aids for Infants and Young Children by Stephanie J. Limb, Margaret A. McManus, Harriette B. Fox, Karl R. White and Irene Forsman.

Published in Pediatrics, August 2010, volume 126, issue Supplement 1. (https://pediatrics.aappublications.org/content/pediatrics/126/Supplement_1/s43.full.pdf). This journal article specifically lists negative consequences of not addressing hearing loss early, and points out that children with hearing loss in only one ear also experience impact on their academic achievement. It concludes: “Delays in treatment are especially problematic for infants and young children who are at a critical stage in developing communication and social skills. Even brief delays can result in significant problems with language acquisition, cognition, academic achievement, and social-emotional development and can lead to substantial societal costs.”

- The Influence of Hearing Aids on the Speech and Language Development of Children with Hearing Loss, by J. Bruce Tomblin, Jacob J. Oleson, Sophie. E. Ambrose, Elizabeth Walker and Mary Pat Moeller. Published in the Journal of the American Medical Association, Otolaryngol Head Neck Surg., May 1, 2014, volume 140, issue 5, pages 403-409. (https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/1851413). This article focuses on the benefits of hearing aids for hard of hearing children, concluding “The degree of improved hearing provided by [hearing aids] was associated with better speech and language development in children. In addition, the duration of [hearing aid] experience interacted with the aided hearing to influence outcomes. These results provide
support for the provision of well-fitted [hearing aids] to children with [hearing loss]. In particular, the findings support early [hearing aid] fitting and [hearing aid] provision to children with mild [hearing loss]."

- **Language Outcomes in Young Children with Mild to Severe Hearing Loss**, by J. Bruce Tomblin, Melody Harrison, Sophie E. Ambrose, Elizabeth A. Walker, Jacob J. Oleson and Mary Pat Moeller. Published in Ear and Hearing, November/December 2015, volume 36, pages 76S-91S. (https://journals.lww.com/ear-hearing/Fulltext/2015/11001/Language_Outcomes_in_Young_Children_with_Mild_to.8.aspx). This study explored the impact of hearing aids on language development in young children with mild to severe hearing loss. It concluded that children who got their hearing aids sooner had better early language development than children who received hearing aids later. As supporting documentation for an appeal letter, consider the section titled Hearing Aids and Risk Modification.

### Additional supporting documents on the benefits of hearing aids for children

You can print or attach links to articles and graphics from the following websites as additional supporting documentation. Include these with your appeal letter.

- The American Speech-Language-Hearing (ASHA)'s webpage [Effects of Hearing Loss on Development](http://www.asha.org/public/hearing/disorders/effects.htm) explains the challenges children with untreated hearing loss can face. It provides some concrete examples of language acquisition challenges and education outcomes.

- The John Tracy Center’s [Audiogram of Familiar Sounds](https://www.jtc.org/audiogram-of-familiar-sounds/) shows where common sounds like speech, music, dripping water or birds fall on an audiogram by decibels and frequency. When you overlay this with your child’s audiogram, you get a picture of sounds they may or may not hear. This can be a helpful tool for putting what your child hears (or does not hear) in context of the noise around us.

- The Joint Committee on Infant Hearing recommends that “The child and family should have immediate access to high-quality technology including hearing aids, cochlear implants, and other assistive devices when appropriate.” Find the full JCIH position statement on their website (http://www.jcih.org).

- **Maximize Children’s School Outcomes: The Audiologist’s Responsibility** by Jane R. Madell and Carol Flexer. Published in Audiology Today, January/February 2018. (https://www.audiology.org/audiology-today-januaryfebruary-2018/maximize-children%E2%80%99s-school-outcomes-audiologist%E2%80%99) The section titled How a Child Succeeds states, “For children to succeed in school, they need language, literacy, and social skills at age level. For children to have those skills at age level, they need to have been identified early and fit early and appropriately with technology that permits them to have sufficient auditory access to develop their brain with information/knowledge.”

- The Washington State Department of Health’s [Resource Notebook for Families of Children who are Deaf or Hard of Hearing](https://www.doh.wa.gov/YouandYourFamily/InfantsandChildren/HealthandSafety/EarlyHearingLoss/PublicationsandMaterials) is a rich resource with materials for understanding hearing loss in children. For supporting documentation in your appeal letter, you might consider printing the “Table showing how decreased hearing levels can affect spoken language” on pages 9-11. It also includes another version of the Audiogram of Familiar Sounds developed by the American Academy of Audiology on page 26.

### Additional resources

The [Minnesota Commission of the Deaf, DeafBlind and Hard of Hearing’s](https://mn.gov/deaf-commission/) website is a rich resource for Minnesotans. Search “Hearing aids” for more resources and current information on state legislation.

Minnesota Department of Health’s webpage on [Hearing Loss](https://www.health.state.mn.us/diseases/cy/hearing.html) and their publication [Hearing: What Families Need to Know – A Resource Binder](https://www.health.state.mn.us/diseases/cy/hearing.html) lists many resources for families of children with hearing loss.

For further assistance, contact the Minnesota Department of Human Services, Deaf and Hard of Hearing Services Division.
Testimony from Dr. Robert Margolis

Dr. Robert Margolis is Professor Emeritus of Audiology, University of Minnesota Department of Otolaryngology. The following testimony was given February 23, 2003, prior to passing Minnesota Statute 62Q.675:

One of the most dramatic changes in public health in recent years is the establishment of universal newborn hearing screening in birthing hospitals throughout the US. Ten years ago only very sick babies were screened for hearing loss at birth. Today 32 states have legislative mandates that require all babies to be screened for hearing loss in the nursery. In Minnesota, over 90% of the 65,000 babies born each year are screened for hearing loss in the hospital, a tremendous accomplishment for a state without a legislative mandate. This has occurred because of broad support led by funding from the Lions 5M Hearing Foundation, the US Maternal and Child Health Bureau, the Centers for Disease Control and tireless efforts by professionals, parents, and state officials.

A change in health policy of this magnitude does not occur without a strong justification. The justification is that there is incontrovertible evidence that early identification of and intervention for congenital hearing loss prevents or reduces permanent, lifelong consequences of untreated hearing loss including developmental delays in speech and language, diminished school achievement, diminished employability and career opportunities, and limitations on social development and opportunities.

In addition to prevention of serious permanent consequences of untreated hearing loss, early intervention significantly decreases the cost of education and rehabilitation of hearing-impaired children. The cost of special education for hearing impaired children is three times the cost of regular education. The cost of education in a residential program like our State Academy for the Deaf in Faribault is eight times that of regular education. Early intervention moves children from more expensive educational program to less expensive programs.

Permanent congenital hearing loss is a chronic disease that when left untreated, results in serious permanent impairment.

Please consider the experience of learning at the time your baby is born that the child has permanent hearing loss. The good news is that a treatment is available. If the appropriate treatment is surgery, your health insurance will pay for it. If the treatment is medication, your health insurance will pay for it. But for the overwhelming majority of people with permanent hearing loss, the only appropriate treatment is hearing aids. But your health insurance won’t pay for hearing aids unless you are lucky enough to be a state employee or you qualify for medical assistance or you are a member of a small minority who have hearing aid coverage in commercial health plans. If the treatment is one thing it is covered. If it is another, no matter how effective, it is not covered. This is not responsible or fair health policy.

The Joint Committee on Infant Hearing 2000 position statement, supported by the American Academy of Pediatrics, the American Academy of Audiology, and many other professional health agencies, recommends intervention for permanent congenital hearing loss by 6 months of age. The current lack of access to appropriate treatment is the most significant obstacle to achieving this goal. All health plans should pay for hearing aids when they are the appropriate treatment for significant childhood hearing loss. This makes sense medically; it makes good sense economically, and it makes sense morally.
Attention. If you need free help interpreting this document, call the above number.

لا يوجد ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

Digniin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda qoraalkan, lamarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Attention. Центральналият помощника за извършване на транслация на документа безплатно, моля, използвайте въз основа на това число.

Digniin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda qoraalkan, lamarka kore wac.

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Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

800-657-3663