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Sent: Tuesday, June 09, 2009 1:01 PM
To: EBSA, E-OHPSCA - EBSA
Cc: Denis Cotter
Subject: RFI regarding Mental Health Parity and Addiction Equity Act of 2008

If it is not too late, I would like to submit a few comments regarding the above subject which appeared in the Federal Register Vol. 74, No. 80 / Tuesday, April 28, 2009 / Proposed Rules 19155.

You specifically asked for input on what information, if any, regarding the criteria for medical necessity determinations made under the plan (or coverage) with respect to mental health or substance use disorder benefits is currently made available by the plan?

Please, in your deliberations, focus on getting the insurance companies to disclose their practices with respect to the International Classification of Diseases (ICD) codes used to classify mental disorders and the Current Procedural Terminology (CPT) codes used to treat those disorders.

The reason for this focus is that consumers of mental health services need to know, from their insurance providers, what specific CPT codes related to their specific ICD code (the person's diagnosis) are covered under the consumer's insurance plan. If a particular CPT code is not covered because it is not considered "medically necessary" by the insurance company, or if a particular CPT code is considered "medically necessary" only under certain stringent conditions, the mental health consumer should be able to find this information out ahead of time before he seeks treatment for which his insurance company will not re-imburse him.

The fact is that many employers provide only the skimpiest of summaries of their medical insurance plans for their employees, while the insurance companies provide only generic, marketing-type brochures about what those employer-provided insurance plans cover. Please require employers and insurance companies to provide, via the Internet, detailed information regarding what ICD and CPT codes are covered under their mental health insurance benefits.

Thank you.

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