

Templates for reason for issuing NOABD, *Why we denied your request.*

NOABD/ NAR TEMPLATES FOR THE AVATAR FORM JULY 2021

NOABD Templates for “Request was denied because?”

These are suggested templates that may be copied and pasted or modified to answer the denial question. Please note that some templates prompt for specific dates or information.

Denial NOABD

Templates to **COPY AND PASTE** into “Request was denied because?”

Residential	Your requested service has been denied. The guidelines of the residential care facility require that clients be “able and willing to participate in residential programming (groups, chores, and cooking)” and be compliant with medication. The assessment indicated that you are not able to meet these guidelines at this time.
Residential (ambulatory issues)	The reason for the denial is that the placement guidelines require that clients be “able to walk/ambulate without an assisted device.” Your assessment indicated that you are not currently able to meet this guideline and therefore, the request for authorization of Residential Services has been denied.
Residential (out of state)	The reason for the denial is that benefits provided to Medi-Cal beneficiaries do not cover out of state placements.
Residential (Social Rehab)	This reason for denial is that (NAME OF RESIDENTIAL PLACEMENT) cannot accept clients who are verbalizing suicidal intent, as this is beyond their social rehabilitation level of care and requires a higher level of support for the client.
Due to lack of medical necessity	Your requested service has been denied due to the clinical determination of your need based on the BHRS Screening/Assessment Process. It has been determined that your symptoms do not meet medical necessity for specialty mental health treatment.
Due to lack of medical necessity	The reason for the denial is that the client did not present with mental health symptoms during the assessment evaluation, and thus did not meet medical necessity for mental health services requirements.

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Delivery System

Templates to **COPY AND PASTE** into "Request was denied because?"

<p>Specialty Mental Health Services</p>	<p>Based on our assessment of your current needs, medical necessity, and the information you and your provider described to us regarding your behavioral health symptoms, your mental health condition does not appear to meet criteria to be eligible for specialty mental health services. You may be eligible for mild-to-moderate services covered by the Health Plan of San Mateo.</p>
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Timely Access

Templates to **COPY AND PASTE** into "Request was denied because?"

<p>Request for accommodations</p>	<p>Due to your request for a (SPECIFIC TYPE/SPECIALIST-examples would be female, or expert in trauma therapy) clinician, the soonest date that we will be able to provide this service is (DATE). During this time, you can connect with me (NAME, PHONE NUMBER), or our Therapist on Duty during business hours M-F at (PHONE NUMBER), until the clinician has been assigned to your case.</p>
<p>Delay in providing assessment</p>	<p>BHRS has received your request for a mental health assessment. The soonest date that we will be able to provide this service is (DATE). During this time, you can connect with me, (NAME, PHONE NUMBER), or our Therapist on Duty during business hours M-F at (PHONE NUMBER), until the clinician has been assigned to your case.</p>
<p>Delay in providing treatment</p>	<p>BHRS has determined that you meet medical necessity for specialty mental health services. You have been assigned to a clinician; however, the soonest date that we will be able to provide this service is (DATE). During this time, you can connect with me (NAME, PHONE NUMBER), or our Therapist on Duty during business hours M-F at (PHONE NUMBER).</p>

Termination

Templates to **COPY AND PASTE** into "Request was denied because?"

<p>Potential safety risks</p>	<p>This is because (REASON - example would be violence in the home) has created a safety risk in providing treatment to you at our clinic. Therefore, (CLINIC NAME) is unable to provide treatment for you at our clinic location or in your home. You may connect with me (NAME, PHONE NUMBER), or our ACCESS Call Center during business hours M-F at (800)</p>
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	686-0101, to arrange for an appropriate referral. You may also contact the San Mateo County Psychiatric Emergency Services at (650) 573-2662.
Unable to make contact with client	This is because you have not engaged or participated in services since (DATE). Your assigned providers have attempted to schedule an appointment with you by visiting your apartment, mailing letters, and making phone calls. You have not responded to any of these attempts to re-engage in services.
Unable to make contact with specific attempts/dates	Your last meaningful service was on (DATE). The treatment team has made (NUMBER) attempts over the last (NUMBER) weeks to engage with you with no response. You have not engaged with services since (DATE).
Terminating Provider	This is because your provider is no longer part of the San Mateo County BHRS network. You may contact the Call Center to receive a referral to a new provider. You may connect with me (NAME, PHONE NUMBER), or our ACCESS Call Center during business hours M-F at (800) 686-0101, to arrange for an appropriate referral.

Authorization Delay NOABD

Authorization Delay NOABD - Answer to this question is NOT NEEDED for Avatar Form (it prints automatically). Templates to COPY AND PASTE into "Request was denied because?"

	We apologize for the delay in processing this request. We are working on your request and will provide you and your provider with a decision as soon as possible.
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Financial Liability NOABD Part 1

Templates to COPY AND PASTE into "Request was denied because?"

	BHRS is denying your request to dispute a financial liability regarding (CHOOSE ONE): cost sharing, copayments, premiums, deductibles, coinsurance, and other client financial liabilities due to the copayment requirements.
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Financial Liability NOABD Part 2

Templates to COPY AND PASTE into "Description of the disputed financial liability"

Description of disputed financial liability	Cost sharing Copayment Deductible Coinsurance
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Modification	
<i>Templates to COPY AND PASTE into "Request was denied because?"</i>	
Modification in number of sessions	Your provider has asked San Mateo County BHRS to approve (NUMBER) sessions of Outpatient Individual Therapy. We cannot approve this treatment as requested. Based on the documentation from your provider, a total of (NUMBER) sessions of outpatient therapy will be approved.
Payment Denial	
<i>Templates to COPY AND PASTE into "Request was denied because?"</i>	
Missing documentation	BHRS is denying, in whole or in part, the payment for a service that you received due to the provider not providing the required documentation to support their claim.
Missing documentation	BHRS has denied (NUMBER) administrative days of the hospitalization above. This is because there were no records found that show the hospital was looking for step-down facilities that allow administrative days to be paid.
Service not covered	BHRS is denying, in whole or in part, the payment for a service that you received due to the service not being a covered service.
Date of admission	BHRS has denied one acute day of the hospitalization (DATE) . This is because records show that you were not admitted to the mental health unit until (DATE) . The CA Code of Regulations, Title 9, Division 1, Subchapter 2 contains general information about this topic.
Late billing	BHRS denied payment for hospitalization because the bill was received on (DATE) , which was more than one year after services were provided.
Sequence of billing	BHRS has denied your provider's request for payment because the stay must first be billed to Health Plan of San Mateo (HPSM) for payment under Medicare, before submission for Medi-Cal payment. If HPSM denies any part of the stay, the hospital must send proof of denial to BHRS, along with materials for review and a TAR for consideration.
Sequence of billing	The reason for denial is that we discovered that you have another private insurance provider, which must be billed prior to asking Medi-Cal to pay for the hospitalization.
Medi-Cal coverage not in San Mateo County	BHRS has denied payment because at the time of hospitalization, your Medi-Cal coverage was in (NAME OF COUNTY) County.

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Upheld Appeal Resolution (NAR)

Templates to **COPY AND PASTE** into "Request was denied because?"

Late appeal	Your provider appealed the denial of payment for your hospitalization. BHRS denied the stay because we found that you had a private insurance provider. BHRS has reviewed the appeal, received on (DATE) and has decided to uphold the decision. This request is still denied because an appeal must be filed within 60 calendar days of the denial. This appeal was submitted well beyond this timeline.
No evidence of acute criteria	Your provider appealed BHRS' modification of the last 5 days of your recent hospitalization. Our reviewer determined that acute day criteria were not met for those days and placement efforts qualified for payment of administrative days. BHRS has upheld the decision as a review found no evidence of acute status or administrative efforts.

Overtured Appeal Resolution (NAR)

Templates to **COPY AND PASTE** into "Request was denied because?"

Additional documentation submitted	BHRS received the appeal and the required additional documentation to verify the claim on (DATE) and has decided to overturn the denial.
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RESOURCES

Quick Guide to figure out when and what type of NOABD to complete: [How to determine what type NOABD](#)

Guide to completing the Avatar NOABD / NAR Form: <https://www.smchealth.org/sites/main/files/file-attachments/noabdavatarform.pdf>

Templates to help you complete the reason for issuing the NOABD /NAR: <https://www.smchealth.org/sites/main/files/file-attachments/noabdreasons.pdf>

Policy and Word Versions of NOABD / NAR in threshold languages: <https://www.smchealth.org/bhrs-policies/consumer-problem-resolution-noa-19-01>