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Submitter Information

Name: Joe Klinger
Organization: Managed Health Network

General Comment

Subsection (ii) (E) of the IFR, above-referenced, requires that any notice of adverse benefit determination include "the diagnosis code and its corresponding meaning." There are certain mental health diagnoses which practitioners may not share with their patient until an appropriate time in treatment. Providing the patient, at an earlier time, with the diagnosis code and translation in such circumstances could cause harm to the patient. A similar concern underlies the HIPAA exception at 45 CFR §§164.524(a)(1) and (2).

On the other hand, should it be determined that such cases would be exempt from this rule, for a claims processor/insurer to, on a case-by-case basis, systematically distinguish which patients this logic would apply to, is extremely difficult, if not impossible, to program. Rather, it would be reasonable to make the inclusion of the diagnosis information optional so long as the information provided is "sufficient to identify the claim involved" along with the other information required by the IFR and ERISA.

Thank you for your consideration of this comment.