



Health Care Bills: How to Appeal a Denied Claim

After health care professionals or facilities (providers) treat you, they usually file a claim with your health plan for payment. Sometimes, the health plan refuses to pay part or all of the claim. If that happens, the health plan sends you and the provider reasons for the denial in an [Explanation of Benefits](#). In some cases, the denial can be reversed if your provider resubmits the claim with missing or corrected information. If you don't agree with the denial, you and/or the health care provider may file an appeal. You may also file an appeal if your health plan denies pre-approval (called prior authorization) for a benefit or service.

There are two types of appeals—an **internal appeal** and an **external review**.

HERE ARE THE STEPS YOU CAN TAKE IF YOUR INSURER DENIES A CLAIM

File an Internal Appeal

You file an internal appeal to ask your health plan to review its decision to deny a claim. A family member, your health care professional, or another person you trust can file an appeal for you and represent you in the appeal process. You'll need to give written permission for someone to represent you. To do this, follow your health plan's instructions to designate an authorized representative.

- The denial notice you receive will describe the process you must follow to start an appeal, including how long you have to submit the internal appeal to your health plan. If you can't find the information on the notice, look at your insurance card/materials or call the customer service number.
- An internal appeal usually requires filing a form or writing a letter. Be sure to include in the letter your name, claim number, health plan ID number, and any other information you have to support your claim. (See the sample letter later in this document.)
- If the health plan denied a claim for a medical necessity reason, contact your health plan and health care provider to learn what other information you'll need to file an appeal.

The health plan has a set amount of time after it receives your appeal to review it and make a decision. How much time the health plan has varies by state. If delaying medical care could harm your life, health, or ability to function, you can ask that the appeal be reviewed quickly ("on an expedited basis").

AND IF YOUR INSURER STILL SAYS "NO"....

Ask for an External Review

If your health plan denies the claim after the internal appeal, you have the right to ask for an *external review*. An Independent Review Organization (IRO) may do the external review. You may have a limited time to ask for an external review after receiving an internal appeal decision.

- The notice of the decision from your internal appeal should include information about how to ask for an external review.
- You may be able to submit information you didn't include in your internal appeal to support your position.
- The external reviewer has a limited time to reach a decision.
- You'll receive a written notice of the decision.
- The health plan must pay the claim if the external review is decided in your favor.
- The result of the external review is final and binding against both you and the health plan.

THINGS TO KEEP IN MIND

What is an Independent Review Organization?

An Independent Review Organization (IRO) is a neutral third party that independently reviews an external appeal. An IRO isn't part of your health plan. It makes decisions based on medical evidence. Check with your state insurance department to learn more about your state's external review process.

Do I Need a Lawyer to File an Appeal?

Your state insurance department can help you with appeals. You don't need an attorney to file an appeal or ask for an external review. But if you want help from a lawyer, contact your state bar association for more information about attorney referrals and low- or no-cost legal help. Low-income people, older adults, and persons with disabilities may qualify for free legal help.

Medicare and Medicaid

If you're enrolled in Medicare or Medicaid, there are different rules for appeals.

- For Medicare, call 1-800-MEDICARE or your local [State Health Insurance Assistance Program](#) to ask for information about free help to appeal a decision.
- For Medicaid, contact your state's Medicaid agency for help.

Keep Records

Keep detailed records, including copies of bills from your health care professional or facility, notices from your health plan, denial letters, appeal requests, and medical information related to your case. You and/or your authorized representative can ask for the medical records you need to support your appeal.

Take Detailed Notes and Set Response Deadlines

Keep notes about the details of all communications, including dates/times and people's names. Ask about and make notes about any deadlines for your health plan to respond or send you information.

If you have a dispute with your insurer about the amount or terms of the claim, contact the Division of Insurance for assistance.

Sample letter to request an internal appeal

[Add your own information when you see italics below.]

Your Name

Your Address

Date

Address of the Health Plan's Appeal Department

Re: Name of Insured

Plan ID#:

Claim #:

To Whom It May Concern:

I am writing to request a review of your denial of the claim for treatment or services provided by *name of provider on date provided*.

The reason for the denial was listed as (*reason listed for denial*), but I have reviewed my policy and believe the *service* should be covered. *Here is where you may provide more detailed information about the situation. The appeal will be decided based on the coverage in your policy and medical evidence, so write short, factual statements. Do not include emotional wording. If you're including documents, include a list of what you're sending here. For example, you might include medical records or other clinical information from your health care professionals.*

If you need additional information, I can be reached at *telephone number and/or e-mail address*. I look forward to receiving your response as soon as possible.

Sincerely,

Signature

Typed Name

Telephone Number

Email address