

Deciphering Your Insurance How to Appeal a Claim Denial

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What kind of insurance do you have

Employer Sponsored
COBRA
Individual
Medicare
State Risk Pool
Medicaid

What you need to know

Cost of coverage
Covered services
Excluded services
Determinations of Medical Necessity
Claims procedures

Why insurers don't pay

Administrative errors
Coverage limitations
Plan exclusions
Medical necessity determinations

Administrative Errors

Provider uses wrong diagnosis or CPT code
Provider submits incorrect charge
Insurer misreads claim information
Itemized bill not furnished

Denied - "not a covered service under the plan"

Plan clearly states service is not covered
Exclusions are usually found in a discrete section of plan
Exclusions for experimental, investigational and/or unproven services

Denied- “not medically necessary”

Denial is based on fact

Where the insurance companies draw the line

Insurer’s internal medical policies and guidelines are important

Appealing Claim Denials

Pre-Service Denials -- a predetermination of benefits is not a guarantee of payment

Post-Service Denials

Ask questions and take notes

Ask for a copy of your file

Understand your medical plan

Appeals based on plan exclusion

Hire a lawyer

Interpretation of a plan provision is a question of law

Medical records may be needed

Appealing “medical necessity” denials

Doctor’s support is key.

Who should appeal – doctor or patient?

Gather documentation

Do other insurer’s cover it?

Has the insurance company covered it for someone else?

Was the company’s reviewing physician qualified?

Did the insurance company have all the medical info?

Request complete file from insurance company

Take Aways

Insurer won’t reconsider without an appeal

Find an expert to handle the appeal

Make sure your doctor will fully cooperate

Don’t give up - exhaust every level of appeal

Document every detail