

Tips for Appealing a Denial of Coverage

- Make sure you have a copy of the denial letter. If you don't already have a copy, ask the insurance company to send you a copy of the denial letter.
- Make note of the deadline by which you must submit an appeal in order for it to be considered.
- The denial letter must document the specific reason the claim or pre-authorization was denied.
- Get a copy of your current insurance benefit plan. This may be available online, or you may have to request a copy of it in writing.
- If you receive health insurance through your employer and you are comfortable sharing information about your medical condition with your employer, consider asking your employer for help communicating with the insurance company.
- Consider asking a family member or a friend to “quarterback” or take the lead and help manage the appeal, paperwork, etc., which can lessen the stress of an appeals process.
- Ask what you need to do to request a “doctor-to-doctor” conversation. This is a process by which your doctor can talk directly to the medical director at the health insurance company.
- As you go through the appeals process, take careful notes about whom you speak with (name and direct phone number), when (date and time), and the nature of the call.
- Be certain to exhaust all external appeals that are available in your state.
- Hang in there. Appeals often require persistence. Careful note taking will allow you to hand off the process to someone who is helping you if you want to take a break from all the phone calls. For more information and assistance in the appeals process, see pages 60-63 for a list of organizations that may be able to help.

The rehab hospital agreed my husband would be a good candidate for their program, and they had the bed space available. Then we needed approval from the insurance company. They initially denied us coverage because we didn't actually have any rehab coverage with our policy. But there is an emergency 24 hour appeal process. We've done this at least 3 times and each time, our insurance company has been great and created a rehab benefit. They saw it would be cheaper for them in the long run to let my husband participate in rehab rather than sending him home before he was ready.

— Elise