

# THE SPOTLIGHT

Spotlighting healthcare-related educational topics that matter to you

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The Patient Education and Empowerment Department creates resources that address a range of topics from medical debt to insurance access and disability benefits. The resources we produce are reflective of real-world experiences that meet the needs of the patients PAF serves.

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## New Resources to Help You Write an Appeal Letter



Think of your health insurance as a business agreement. Your policy documents outline the benefits you're entitled to, just like a contract. Insurance companies may deny coverage for various reasons based on how they interpret the policy language. A denial means the plan won't pay for all or part of a service or treatment.

If you receive a denial, you can generally appeal the decision. This is essentially a contract dispute where you ask the insurer to reconsider its decision to deny care. You can provide additional information or medical records to address any gaps in your initial request. Anyone acting on your behalf (family, caregiver, advocate, or healthcare provider) can submit an appeal.

### Types of Appeals

- **Internal Appeal:** This is your first attempt to get the insurance company to approve your request. You may need to submit more information or have your doctor speak directly with a doctor at the insurance company (peer-to-peer review).
- **External Appeal:** If the internal appeal

fails, you can request an independent review by a third party. This is typically used for disagreements based on medical judgment or for treatments considered experimental.

If the denied service has already been provided, you won't have the option for a peer-to-peer review. You typically have the right to one internal appeal followed by an external appeal.

### Common Reasons for Denials

- **Medical Necessity:** The insurance company may believe the service isn't necessary to treat your condition.
- **Policy Exclusions:** The service might not be covered by your specific plan.
- **Procedural Errors:** Mistakes in filing the claim can lead to a denial.
- **Experimental or Investigational Treatments:** The insurance company may not cover treatments they consider unproven.

A well-crafted appeal letter is key to presenting your situation effectively.

By understanding your rights and the appeals process, you can increase your chances of getting the coverage you deserve.

PAF has many resources to help you navigate the appeals process. We have a full-length guide on the appeals process, titled, **Engaging with Ensurers: Appealing a Denial**. And to walk you step-by-step through the process of appealing a health insurance denial in our free **9-module course** to walk you step-by-step through the process of appealing a health insurance denial.

Two new sample letters can also help you in the appeals process, one to use before you receive care, and one to use after. We hope they are helpful to you!

