

## **Taken from The Health Claim Game**

By Caroline E. Mayer, November & December 2009

It happens 500,000 times a day: an insurance company denies a health claim. Here's how to fight back when your insurer says no

### **To Make Insurers Pay**

#### **WHEN YOUR CLAIM IS DENIED...**

1. Don't pay the bill.
2. Get a reason for the denial in writing.
3. Review and follow your plan's rules.

#### **...Make the easy fixes...**

- Missing information? *Fill it in.*
- Coding mistake? *Have your doctor fix it.*

#### **...And assess other reasons for the denial.**

*Health care reformers want to end these exceptions, but for now they are hard to overcome:*

- Preexisting condition
- Lifetime-benefit cap
- Change of employer, so coverage was delayed

*These may be worth challenging:*

- No network facility or physician was available
- Drug wasn't FDA-approved for your illness
- Treatment was deemed unnecessary or unproven

#### **WHEN PREPARING AN APPEAL...**

1. Check the back of your denial notice to see how long you have to file—it's usually 180 days.
2. Gather objective evidence of medical necessity, such as test results and prior failed treatments.
3. Gather journal articles showing the treatment is safe, effective.
4. File the request in writing (certified mail, return receipt).

#### **IF YOU WANT HELP, SEEK OUT...**

- A nonprofit patient advocate (your state's insurance regulator or a disease association can suggest names)
- A lawyer if there's a large sum of money at stake and you might end up in court.

### **IF YOUR INSURER STANDS FIRM, YOU CAN SEEK AN INDEPENDENT REVIEW...**

If yours is a *fully insured* plan—that is, the insurer pays the claims. (Though insurers administer all kinds of health plans, roughly half are *self-funded*, meaning your employer pays the claims.) You have a fully insured policy if you buy insurance on your own.

#### **To appeal a final rejection by a fully insured plan...**

Go to your state insurance regulator.

#### **To appeal a final rejection by a self-funded plan...**

You will likely need to go to court, though your state insurance regulator can sometimes jawbone on your behalf.