

HEALTH CARE

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Writing- Letter of Appeal

Write a Letter of Appeal to an Insurance Company

Objective: Students will learn how to write an effective appeal letter to an insurance company, challenging a decision that holds them liable for certain line items of a bill they believe should be covered.

Background: After receiving medical treatment, you've reviewed your Explanation of Benefits (EOB) and medical bill, only to find that your insurance company has denied coverage for certain services you thought were covered under your plan. You believe this decision is incorrect and decide to appeal.

Scenario for the Activity

You visited an in-network provider for a series of lab tests that your doctor deemed necessary. According to your health insurance plan, such lab tests should be covered at 80% after meeting your deductible, which you had already met for the year. However, when you received your EOB, you noticed that the insurance company denied coverage for these lab tests, leaving you responsible for the full cost. You suspect this denial may be due to a coding error or a misunderstanding of the plan's covered benefits.

Your Task: Write an appeal letter to your insurance company requesting a review and reversal of their decision to deny coverage for the lab tests.

Instructions

Gather Documentation: Before writing your letter, collect all relevant documents, including the EOB, medical bills, and any correspondence from your healthcare provider about the treatment.

Identify Specific Issues: Clearly identify which specific charges you are appealing. Refer to these charges using the billing codes or descriptions provided in your EOB and medical bill.

Explain Your Reasoning: Clearly articulate why you believe these charges should be covered under your health insurance plan. Include any pertinent information about your insurance policy that supports your argument, such as sections of your coverage documents that detail covered services.

Provide Supporting Evidence: If applicable, include supporting documentation, such as a letter from your doctor explaining why the treatment was medically necessary or documentation that shows you followed your insurance plan's procedures for receiving care.

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Instructions (cont.)

Request a Specific Action: Be clear about what you are asking the insurance company to do, such as to reprocess the claim, provide coverage for the disputed charges, or offer a detailed explanation of why coverage was denied.

Include Contact Information: Make sure to include your name, policy number, and contact information, and request that any response from the insurance company be sent to you in writing.

For additional guidance: Check the Healthcare.gov website for additional information about writing either an Internal appeal or a request for an External review –

<https://www.healthcare.gov/appeal-insurance-company-decision/>

Tips for Writing an Effective Appeal Letter

- **Be Professional and Courteous:** Maintain a polite and respectful tone throughout your letter.
- **Be Concise:** Clearly and briefly state your case without unnecessary detail.
- **Be Organized:** Structure your letter logically, with a clear introduction, body, and conclusion.
- **Use Specifics:** Reference specific parts of your insurance policy and the disputed charges by their codes or descriptions.
- **Follow Up:** Indicate in your letter that you will follow up by phone within a certain timeframe if you do not hear back.
- **Keep Records:** Make copies of the appeal letter and all accompanying documents for your records.
- **Send by Certified Mail:** Send your appeal letter via certified mail or another method that provides a delivery receipt.

Activity Outcome

By completing this activity, students will gain practical experience in navigating the health insurance appeals process, developing their ability to advocate for themselves in financial and healthcare matters.

Note: Students are not expected to use actual medical billing codes or reference specific insurance policies for this exercise, it is merely a practice, and students are free to create fictional codes and mock statements from an imaginary insurance policy to defend their appeal.