

TIPS TO HELP YOU APPEAL AN EXPERIMENTAL OR INVESTIGATIONAL SERVICES DENIAL BY YOUR MCHIP

Managed Care Health Insurance Plans (MCHIPs) have established criteria to determine whether a treatment, procedure or drug is considered *Experimental or Investigational*, and therefore not covered. The criteria, along with a definition of the terms *Experimental or Investigational*, are usually included in your coverage documents issued by your MCHIP. These criteria vary from one MCHIP to another, which explains why one MCHIP may approve something a different MCHIP denies.

Criteria your MCHIP might use to determine if a treatment, procedure or drug is Experimental or Investigational

- ✓ For drugs or medical supplies, the drug or supply must have received approval from the United States Food and Drug Administration (USFDA) for your specific medical condition. If the drug has received USFDA approval for at least one indication, but not your particular indication ("off-label" use), and you or your doctor can show that either the drug is recognized for treatment of your condition in standard drug reference publications or other substantially accepted peer-reviewed medical literature, your MCHIP should cover it unless your contract otherwise excludes it. For more complete information on the prohibition of denying certain prescription medications, see [§38.2-3407.5](#) of the Code of Virginia.
- ✓ Information available in peer-reviewed medical literature must be sufficient to prove its safety and efficacy.
- ✓ Research must show that the treatment, procedure or drug is as safe and effective as currently covered options and recognized treatments, procedures or drugs.
- ✓ The treatment, procedure or drug must not be in the testing stage.
- ✓ It must be recognized as generally acceptable medical practice and the standard of care.

How to Appeal

If your MCHIP issues a denial on the basis that a treatment, procedure or drug is *Experimental or Investigational*, you may appeal. The above list is a general guideline. Check your coverage documents to determine whether they include the criteria your MCHIP uses to determine whether a treatment, procedure or drug will be considered *Experimental or Investigational*. If no criteria or definitions are set out in your coverage documents, you can ask your MCHIP for the criteria. Your appeal should specifically address the manner in which you or your physician think the requested treatment, procedure or drug should not be considered *Experimental or Investigational*. Your appeal will be stronger with the inclusion of any literature or other information showing that your request meets a criterion referenced either above or in your coverage documents. A source of information might be the drug manufacturer's web site. It is also helpful if you can show that the treatment, procedure or drug is currently covered by Medicare, Medicaid, or used in teaching hospitals. Your appeal is usually sent out for review by a physician consultant who is not employed by the entity responsible for making the previous adverse decision. You have the option of requesting an expedited review by your MCHIP. In this instance, however, an independent physician consultant might not review your appeal.

The fact that you or your physician view the requested treatment, procedure or drug as medically necessary does not indicate that it must be covered by your MCHIP. In order to be covered, you will need to show that the treatment, procedure or drug considered by your MCHIP to be *Experimental or Investigational* is eligible for coverage based on the terms of your contract.

The Option of Independent External Review

If, however, you exhaust your internal appeals with your MCHIP on the basis that the requested treatment, procedure or drug is *Experimental or Investigational*, you may be eligible to request an independent external review administered by the Virginia State Corporation Commission's Bureau of Insurance.

Your MCHIP should provide information you need to know about requesting an independent external review if you are eligible.

**Contacting the
OFFICE OF THE
MANAGED CARE
OMBUDSMAN**

If you would like assistance during the appeal process or if you have questions, please contact us at:

ADDRESS:

*Office of the Managed
Care Ombudsman*

Bureau of Insurance

P.O. Box 1157

Richmond, VA 23218

TELEPHONE:

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ombudsman@scc.virginia.gov

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*Information regarding the
Ombudsman may be found by
accessing the State Corporation
Commission's
web page at:*

<http://www.scc.virginia.gov>