TIPS TO HELP YOU APPEAL AN EXPERIMENTAL OR INVESTIGATIONAL SERVICE DENIAL BY YOUR INSURANCE COMPANY

Health insurance companies 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 insurer. These criteria vary from one insurer to another, which explains why one insurer may approve something a different insurer denies.

I want to Appeal. What should I do?

Check your coverage

- Review the criteria and terms provided in plan documents.
- If no criteria is provided, request the information.

File an appeal

- Write an appeal (you and/or your physician) providing reasons why the treatment,drug or procedure in question should not be considered experimental/investigational.
- Include literature or other documentation with the appeal.

Review and decision

- The appeal will be reviewed by an independent physician not employed by the insurance company. An expedited review is an option (if eligible).
- Additional review option: Independent external review adminstered by the Virginia State Corporation Commission's Bureau of Insurance (if eligible).

Note: Although you or your physician view the requested treatment, procedure or drug as medically necessary does not indicate that it must be covered by your insurer. For coverage, you will need to show that the treatment, procedure or drug considered by your insurer is eligible based on terms of your policy.

If you would like assistance during the appeal process or if you have questions, please contact the Ombudsman's office at:

Bureau of Insurance Office of the Managed Care Ombudsman P.O. Box 1157 Richmond, VA 23218



Toll-free: 1-877-310-6560

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