CALIFORNIA DEPARTMENT OF INSURANCE

# CONSUMER ADVISORY

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## CHALLENGING DENIALS OF HEALTH CLAIMS AND REQUESTING AN INDEPENDENT REVIEW

If an insurance company denies a request or claim for medical treatment, insureds have the right to appeal to the company and also to then ask the Department of Insurance to review the denial. These actions often succeed in obtaining needed medical treatment, so a denial by an insurer is not the final word. You may file a Request for Assistance with the Department of Insurance whenever you have problems with an insurer involving a claim.

**Independent Medical Review:** If your claim has been denied because the insurer determined the treatment is not medically necessary or was experimental, you may request an Independent Medical Review (IMR) from the Department of Insurance at no cost to you. However, you must first file an appeal of the denial with your insurance company.

**First Steps:** Appeal the denial using the insurance company's internal appeals/grievance process.

- Find out the reason for the denial and review the policy language supporting the denial
- Submit all necessary support for treatment, with doctors statements and medical records
- Provide research showing the treatment requested is accepted and appropriate, if possible.

**IMR Deadlines:** If the insurance company upholds its decision or is delaying in responding to the appeal/grievance, then file a Request for Assistance or an IMR request with the California Department of Insurance (CDI). This request must be made within 6 months of the insurance company upholding its decision on appeal.

**Getting Independent Medical Review:** In this process, expert independent medical professionals review the medical decisions made by the insurance company, and often decide in favor of the insured getting the medical treatment requested.

**An IMR can be requested if the insurance company's decision involves:**

- Health claims that have been denied, modified, or delayed by the insurance company because a covered service or treatment was not considered medically necessary;
- Health claims that have been denied for urgent or emergency services that a provider recommended was medically necessary;
- Health claims that have been denied as being investigational or experimental therapies.

**6 Easy Steps to IMR:**

1. Notify CDI to request an IMR by filling out this application.
2. Agree and provide written consent to participate in IMR.
3. The CDI determines if the request is eligible for IMR.
4. The IMR Organization will have 30 days to review once all information is gathered—unless the request involves an imminent and serious threat to health, which can be expedited and a decision rendered in 3 days.
5. The IMR organization will send the decision to the insured, the insurance company, and the Insurance Commissioner.
6. The Commissioner will adopt the recommendation of the IMR organization and promptly notify the insured and the insurance company; the decision is binding on the insurance company.

**Reviewing Coverage Denials:** If the company denies treatment as not a covered benefit, or if CDI finds that the issue does not involve a disputed health care service, CDI will review the company's decision for correctness.