How to appeal an insurance denial

While fighting an insurance denial may seem daunting, it’s important to know that there are resources to help you.

Here are some tips to keep you and your health care provider in the driver’s seat when it comes to making treatment decisions. Getting a denial from your health insurance plan doesn’t have to be the end of the process. There are several steps that can increase your chances of successfully appealing the denial and gaining access to the treatment your provider prescribed.

First, get the details

Your insurance company should be able to provide you with information in writing about any and all reasons about why your treatment isn’t being covered. There are a number of possible reasons this could happen, including:

- Your treatment might not be on your insurance company’s formulary (their list of approved drugs)
- You may be subject to step therapy (which means your insurer requires you to try and fail with other treatments before approving you for the one your doctor prescribed)
- Your treatment may not be considered “medically necessary”
- Simple clerical errors or omissions may have occurred, which can be corrected easily

Understanding these details will be very helpful if you decide to appeal the denial. You or your provider may need to address the specific denial language in your appeal. And importantly, a denial or coverage determination letter from your insurance company will also include the instructions you’ll need to pursue an insurance appeal.

Make a game plan with your health care provider

Your health care provider is a critical factor in the insurance appeal process. It’s important that you two are on the same page about what’s best for your disease management and the various actions required during an appeal. Your health care provider will also be able to determine whether you qualify for an “expedited appeal,” which allows you to get an updated coverage decision from your insurance company more quickly.

Your health care provider may need to play a very active role in the appeal, including writing a letter of medical necessity to help you gain access to the medication. He or she will also have special access to resources designed to help medical professionals navigate insurance appeals, like those offered by the American Academy of Dermatology or by specific drug manufacturers.
**Be thorough**

If you decide to appeal the decision, you and your health care provider will have the opportunity to advocate for the importance of accessing your treatment. Depending on why your medication has been denied, you may need to document the severity of your condition, reasons why you can’t take other treatments approved by your insurance plan and/or the effectiveness of the medication you’re trying to get covered. Writing the appeal letters may involve reviewing medical literature and taking a very close look at your medical records, too. Your health care provider will take the lead on the technical parts of this process, and be able to speak to the medical necessity of your treatment.

**Stages of appeals**

The exact process of appealing an insurance denial will depend on the type of coverage you have and your specific plan. There are generally two components to insurance appeals:

- **Internal appeal:** Your health plan can provide you with the specific steps included in their appeal process, including the time frame for responding to the plan’s coverage determination and the specific steps to escalate an appeal.

- **External review:** If you have exhausted the appeal process with your health plan, you may be eligible for an “external” or “independent” review. These independent reviews essentially double-check the claims made by insurance companies in their denial letters.

**Explore other resources**

Depending on your treatment and insurance type, your drug manufacturer may be able to connect you with a short-term supply of your prescribed medication while you and your health care provider are appealing the insurance company’s claim.

If you have health insurance through your employer, it’s a good idea to keep your company’s HR department in the loop. Your company may be able to provide additional opportunities to escalate any issues you have with coverage and advocate on your behalf with their insurance plan.

**Share your story with us**

NPF’s advocacy team is hard at work to help improve access to psoriatic disease treatments. You can be a part of these efforts, too! We’re always looking for grassroots leaders who are willing to share their story or talk with legislators about the ways their community may be helped by current or proposed legislation.

Remember, you’re not in this alone. If your insurance company denies coverage for a medication you’ve been prescribed, please reach out to an NPF Patient Navigator. Our navigators are specially trained to understand psoriatic disease and issues that impact those living with it, including insurance denials.

**What should I do next?**

Contact our Patient Navigation Center to find providers, discuss treatments and get help with accessing treatments (find contact information below). A Patient Navigator can help you better understand your denial letter, send you appropriate template letters, and support you throughout the appeals process.