

ARIZONA CHIROPRACTIC SOCIETY HEALTH CARE APPEALS PROCESS

For denial of standard services or claims (as compared to urgently needed services not yet provided), here are the steps to follow:

1. **Informal Reconsideration:** Within two years after a claims denial, you may call, write or fax a request for an Informal Reconsideration to the insurer. The insurer has 30 days to respond.
2. **Formal Appeal:** If the insurer denies the Informal Reconsideration, you may file a Formal Appeal. You have 60 days following the completion of the formal Reconsideration of a denied service to request a Formal Appeal. The insurer has 60 days to make its decision.
3. **External Independent Review:** You have 30 days after the insurer notifies you that your Formal Appeal was denied to request an External Independent Review. Your insurer will send a copy of all relevant medical records, your request for review, the insurance policy and any supporting documentation used to make its earlier decision to the Department of Insurance within five business days of receiving your External Independent Review request.

For medical necessity cases, the Department will forward all materials to an independent review organization selected by the Department within five business days of receiving them. The reviewing organization is not connected to the insurer. The reviewer has 21 days to notify the Department of its decision. The Department then has 5 business days from when it receives the reviewer's decision to notify the patient, the doctor and the insurer of the decision. The insurer pays the full cost for the independent external review even if the final decision favors the insurer's position.

The external independent reviewer's decision is legally binding on the insurer and the policy holder. Either party may go to court if there is still a dispute regarding medical necessity.

The Health Care Appeals system does not apply to coverage through Medicare HMOs, multi-employer plans under ERISA, federal employee plans, any self-insured plans or workers' compensation plans.