IN ORDER TO BE ELIGIBLE FOR ANY EXTERNAL REVIEW:

- You must submit your request within 120 days of the date on the denial notice sent by your insurance company. Include medical records and related test results.
- For a standard review, you must have exhausted your health plan's internal appeals process and received a final determination that the services are denied.
- For an expedited review, your medical condition must be such that the time required to receive a decision either with your insurer or standard external review would seriously jeopardize your life or health.
- Your request must relate to the type of insurance that is subject to external review. (See list of exclusions inside.)
- The request must be made about a service that the insurance company says is not medically necessary.
- You must have had coverage in effect at the time the services were provided or requested.
- The service must appear to be a covered benefit under the health insurance policy.
- Your request is subject to N.C. External Review laws.

To request an external review, you must meet the eligibility requirements for an external review and complete a request form.

You may access and complete an External Review Request Form online on the NCDOI website or you can call and request a form be mailed to you.

Health Insurance Smart NC staff will perform a preliminary review of your request to determine if you meet the eligibility requirements, and if you do, will arrange for the external review.

NC DEPARTMENT OF INSURANCE

325 N. Salisbury Street
Raleigh, NC 27603

1201 Mail Service Center
Raleigh, NC 27699-1201

Mike Causey, Insurance Commissioner

855-408-1212 • www.ncdoi.com

A CONSUMER'S GUIDE TO EXTERNAL REVIEW

Your insurance company doesn't have the final say.

NC DEPARTMENT OF INSURANCE
CONSUMER ASSISTANCE

If your health insurance company has denied your claim and you need assistance, you may qualify for an EXTERNAL REVIEW. An external review is another look at your medical denial by an independent medical professional. The review is another option for resolving coverage disputes with your insurance company.

HOW CAN EXTERNAL REVIEW HELP ME?

Expert medical professionals with no association with your insurance company perform the external review. They will review your case, and if they determine that the denial was wrong, your insurance company will be required to pay for the services.

WHAT SORT OF DENIAL DECISIONS ARE SUBJECT TO EXTERNAL REVIEW?

If your insurance company denies coverage because the services are not medically necessary, you may be eligible for an external review. This type of denial is often called a "noncertification decision." Sometimes denials for "cosmetic" or "experimental" services can be eligible for external review depending on the nature of the services and how they relate to your medical circumstances.

WHAT TYPES OF INSURANCE ARE NOT SUBJECT TO EXTERNAL REVIEW?

- Self-funded employer health plans*
- Dental or vision
- Medicaid
- Long-term care insurance
- Medicare or Medicare supplements
- Specified disease insurance
- Workers compensation
- Credit or disability insurance
- Medical payments under homeowners or auto insurance

* Self-funded employer health plans may have access to their own external review. Check with your Human Resources Department for more information.

WHAT WILL THE EXTERNAL REVIEW COST ME?

External Reviews are free for consumers!

WHEN CAN I REQUEST AN EXTERNAL REVIEW?

Before requesting a standard external review, you must complete your insurance company's appeal process, also called an internal appeal. If you are not satisfied with the outcome of the internal appeal and you meet the eligibility requirements, you can request an external review within 120 days of the date on the denial notice. If your case is accepted, the expert reviewers handling your external review must make a decision within 45 days.

WHAT IF I CAN'T WAIT 45 DAYS?

Sometimes a patient's medical condition requires immediate medical attention and there's not enough time to go through the insurance company's internal appeal process or wait 45 days for a standard external review. In these cases, you may be eligible for an expedited external review; there are certain qualifications that must be met in order for you to be eligible. Expedited external reviews take only three days before a decision is made by the medical experts. Please contact the NC Department of Insurance for more information about requesting an expedited external review.