Insurance coverage and appeal checklist

A procedural checklist for collecting plan documents, tracking contacts, and following the instructions in your own notice.

Use this to organize questions and records. It does not choose treatment, interpret symptoms, calculate an appeal deadline, or replace instructions from your care team or health plan.

General information, not legal advice. SteadySkin is not your representative and does not act on your behalf with any plan, insurer, or agency.

Identify the coverage rules

[ ] Record the plan name and member-services contact.
[ ] Find the Summary Plan Description or Summary of Benefits and Coverage that applies.
[ ] Find the medical-policy title and version cited by the plan.
[ ] Ask whether prior authorization is required.
[ ] Confirm network and supplier requirements.
[ ] Ask about purchase, rental, maintenance, repair, and return terms.
[ ] Request a written patient cost estimate.

Before an authorization request

[ ] Confirm that the order or prescription is present when the plan requires one.
[ ] Ask the plan which clinical documents it requires.
[ ] Confirm what the treating office and supplier will each submit.
[ ] Write down where to send the request and its reference number.
[ ] Keep copies of everything submitted.

If the plan denies the request

[ ] Keep the complete denial notice and its envelope or portal record.
[ ] Copy the filing deadline exactly as printed. Do not calculate or infer a date.
[ ] Record the denial reason, code, policy cited, and any missing-information request.
[ ] Request the documents and criteria the plan used.
[ ] Ask the clinician what additional information is accurate and appropriate.
[ ] Follow the appeal instructions in the notice.
[ ] Keep proof of submission and a contact log.

Coverage rules vary. The notice and governing plan documents control the available steps and dates.

Possible places to ask for help

[ ] The internal appeal contact named in the notice.
[ ] Any additional plan level described in the notice.
[ ] External review, if the notice says it is available.
[ ] An employer benefits office, state consumer-assistance program, Medicare, or the U.S. Department of Labor, as applicable.
[ ] A qualified legal or consumer-help service when you need advice about your own rights or deadlines.

What the plan says is missing or not covered

Next action exactly as stated in the notice

Contact log: date, organization, person, reference number, and next step

Sources

These sources support the checklist structure. They do not make the blank document individualized medical, insurance, or legal advice.

U.S. Department of Labor: Filing a claim for health benefits
https://www.dol.gov/node/63367

HealthCare.gov: Appealing a health-plan decision
https://www.healthcare.gov/appeal-insurance-company-decision/

HealthCare.gov: Internal appeals
https://www.healthcare.gov/appeal-insurance-company-decision/internal-appeals/

HealthCare.gov: External review
https://www.healthcare.gov/appeal-insurance-company-decision/external-review/

Medicare: Coverage of durable medical equipment and other devices
https://www.medicare.gov/publications/11045-medicare-coverage-of-dme-and-other-devices.pdf

CMS: Medical-equipment supplier data
https://data.cms.gov/provider-data/topics/supplier-directory/about-medical-equipment-supplier-data