

ABC Health Plan header/
logo here, if applicable

Sub-contractor's/vendor's
logo/header here, if applicable

Denial

July 26, 2021

Cinderella Doll
555HealthyStreet
Anytown, LA 70000

Dear Cinderella Doll:

We are writing to tell you that your request for nebulizer with compressor for dates of service 07/27/21 – 07/28/21 is denied and ABC Health Plan will not pay for the care.

To find out why we won't pay, keep reading. If you think we made a mistake, you may ask for an appeal.

If you have questions, call ABC Health Plan at **1-800-123-4567**. **TTY users call 1-866-987-6543**. **This call is free**. Your doctor also got a copy of this letter, so you should also talk to your doctor.

Why won't ABC Health Plan pay for nebulizer with compressor?

Our reason for this decision is based on the ABC Health Plan Provider Handbook (LA-PM-0015-16), Section Prior Approval/Notification coverage Guidelines and the Healthcare Management Services Denial - Core Process Policy.

According to the criteria listed above, for services that require prior approval, ABC Health Plan must be notified before the service is performed.

- Your son's services were performed on the date(s): 07/27/21 – 07/28/21.
- On 07/25/21 we received the request for nebulizer with compressor from Bordelon Pediatrics on behalf of Dr. Bordelon.
- On 07/26/21 we denied the request. The request was received five calendar days after the services were started.

You may view the guidelines used to make this decision at www.ABCHealthpolicy.com/Nebulizer.html

You or someone legally authorized to do so, can ask for a **free** copy of the criteria, guidelines or any other information we used to make this decision by calling **1-800-123-4567**.

Do you have questions? Call us at **1-800-123-4567**. You may also want to talk to your doctor.

Does your doctor want to talk to someone about this decision? Your doctor can call ABC Health Plan at **1-800-123-4567**.

What can you do if you think ABC Health Plan made a mistake?

If you think we made a mistake, you may ask for an appeal. If you want to request an appeal, you must do so within 60 calendar days from date of this notice. You can choose to request an appeal yourself, or you can choose another person, including an attorney or your doctor, to act on your behalf. If your doctor or someone else appeals for you, you must give them written permission before requesting an appeal.

How do you ask for an appeal?

There are three ways you can ask for an appeal:

- **Call** ABC Health Plan at **1-800-123-4567**.
~~○ Your signed, written appeal request must be received following the call.~~
- **Mail** the Request for Appeal form to:
ABC Health Plan Appeal Processing
P.O. Box 987654
Baton Rouge, LA 70806-1234
- **Fax** the Request for Appeal form to **1-XXX-XXX-XXXX**.

Commented [LG1]: The federal regulations eliminate the requirement of a written, signed appeal after an oral appeal request. Refer to the 42 CFR §438.402(c)(3)(ii) and §438.406(b)(3).

How long does it take to make a decision about my appeal?

We will make a decision within 30 calendar days of getting your appeal.

After you get your appeal decision and you still don't agree, you can ask for a State Fair Hearing. A State Fair Hearing is where a judge reviews our decision. We will tell you how to ask for a State Fair Hearing when you get the final appeal decision.

What if you need a fast decision?

If your condition is considered urgent, we may be able to make a decision about your appeal much sooner. You may need a fast decision if, by not getting the requested services, one of the following is likely to happen:

- You will be at risk of serious health problems, or you may die;
- You will have serious problems with your heart, lungs, or other body parts; or
- You will need to go into a hospital.

Your doctor must agree that you have an urgent need. If a fast decision is requested, we will review your appeal and send a written decision within 72 hours of our receipt of your appeal.

How do I continue to receive this service during the appeal?

If you are already receiving this service, you have the right to continue benefits while an appeal is in process. You must ask for this within 10 calendar days from the date of this notice by calling ABC Health Plan at 1-800-123-4567. If the appeal decision or state fair hearing agrees with the denial, you may have to pay the cost of the service you received.

Do you need help with this letter? Call ABC Health Plan at **1-800-123-4567**.

If you need help in another language, call 1-800-123-4567 (toll-free).

Para obtener ayuda para traducir o entender esta información, sírvase llamar al **1-800-123-4567** o TDD/TTY **1-800-987-6543**, entre 8 a.m. y 5 p.m.

Để được giúp phiên dịch hoặc hiểu phần này, xin gọi số **1-866-595-8133** hoặc TDD/TTY **1-800-987-6543**.