

TRICARE (Active Military): Denials and Appeals

Receiving a letter from your insurance company denying a specific medication or service can be stressful, it is important that individuals are aware of their options.

When you enroll in TRICARE, you should receive some documents that explain your plan and information on how to appeal denials should be included in those documents. In addition, when you receive a denial, information on the appeals process should be included in the notification letter.

Read Your Denial Letter Carefully!

Denials and appeals process

An appeal is a request to your TRICARE plan to reconsider a decision that denies a benefit or coverage.

What is an appeal?

You can file an appeal when you do not agree with a decision made about your benefit. The appeal process is different based on the benefit issue. Depending on your issue, you can file a:

- [Factual](#) appeal
 - This is whether TRICARE denies payment for services or supplies you received, or if TRICARE stopped payment for services or supplies previously authorized.
- [Medical necessity](#) appeal
 - This is if TRICARE denies pre-authorization for care or services because TRICARE feels it is not medically necessary. Medically necessary means it must be appropriate, reasonable, and adequate for your condition. See detailed information below.
- [Pharmacy](#) appeal
 - This is if you do not agree with a decision made about your pharmacy benefit. For example, Express Scripts denies your pharmacy claim, call [Express-Scripts, Inc. \(Express Scripts\)](#), the pharmacy contractor at 1-877-363-1303. They will explain why it was denied and what you can do to get it filled.
- [Medicare-TRICARE](#) appeal
 - This is if you are eligible for both TRICARE and Medicare, and Medicare denies your services or supplies.

If your care is denied, you will receive a letter with details about how to file your appeal.

READ YOUR LETTER CAREFULLY AND FOLLOW INSTRUCTIONS!

Your [regional contractor](#) can help you with your questions.

Medical necessity appeals

You can file a medical necessity appeal. It is the action you take if you do not agree with a decision made about your benefit. If TRICARE denies pre-authorization for care or services because TRICARE feels it is not medically necessary, file an appeal.

Medical necessity appeals can be either expedited or non-expedited.

- Most are non-expedited.
 - Expedited appeals are only to reconsider the continuation of inpatient stays or pre-authorization of services.
- The denial decision explains how to file an expedited appeal.
- Keep copies of everything for your records.

To file a medical necessity appeal:

- Send a letter to your [contractor's address](#). Make sure the postmark is within 90 days of the date on the explanation of benefits (EOB) or other decision.
- Include a copy of the EOB or other decision.
- Include any supporting documents. Your provider may be able to help.
- If you do not have all the supporting documents, send the appeal with what you have. Make sure to state that you will send more information soon.

The contractor sends you an appeal decision. If you disagree with the decision, you can request reconsideration from the TRICARE Quality Monitoring Contractor.

To request a reconsideration decision:

Send a letter to the TRICARE Quality Monitoring Contractor. Make sure the postmark is within 90 days of the date on the appeal decision.

- You can find the address in the appeal decision letter from your contractor.
- Include a copy of the appeal decision.
- Include any supporting documents.

The TRICARE Quality Monitoring Contractor reviews the case and issues a reconsideration decision.

- If the disputed amount is less than \$300, the decision is final.
- If the disputed amount is \$300 or more, you can request an independent hearing.

To request an independent hearing:

- Send a hearing request to the Defense Health Agency. Make sure the postmark is within 60 days of the date of the formal review decision.
- Include a copy of the formal review decision.
- Include any supporting documents you have not submitted before.

The independent hearing takes place at a location convenient for both the requesting party and the government.

- An independent hearing officer issues a recommended decision.
- The final decision is issued by the Defense Health Agency director (or designee) or the Assistant Secretary of Defense for Health Affairs.

Special considerations

There are certain rare conditions where it may be hard to know if a treatment is proven safe and effective. In these cases, the process of becoming an approved benefit may be different. If you have questions, please call your [regional contractor](#).

Resources

Medical Necessity Appeals: <https://tricare.mil/PatientResources/ContactUs/FileComplaint/MedicalNecessity>

Frequently Asked Questions: <https://tricare.mil/FAQs>

File a Complaint: <https://tricare.mil/PatientResources/ContactUs/FileComplaint>