



DENTAL
BENEFITS

How to File an Appeal



ADA Center for
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Appendix B: How to File an Appeal

If you feel that a claim was not properly adjudicated, you should appeal the adverse decision with the benefit plan in writing. Exhaust all reasonable avenues for resolution with the insurer. This means using all levels of appeal and make sure that all supporting documentation is included with the claim. Some plans may allow up to three appeals with different consultants while some plans require appeals to be filed within six months of the original denial.

Be sure to include any relevant information that you may not have submitted with the original claim. It may help to ask the dental consultant to call you if the claim is going to be denied. This way you can discuss the case with the dental consultant on a professional level. You may want to leave a time and date when you will be available so that the consultant does not call while you are seeing patients.

A proper appeal involves sending the plan a written request to reconsider the claim. A phone call is not acceptable. Additional documentation should be included to give the plan a clearer picture of why you recommended the treatment. The dentist consultant representing the plan may only be looking at a dental claim form and you will want to provide the consultant as much information as possible so that he or she will agree with your treatment plan and approve the appropriate benefits for your patient.

The following documentation may assist you in getting consideration for denied claims: radiographs, photographs, charting and a narrative description providing as much information as possible (even if this appears obvious to you). Remember, you are trying to have the dentist consultant understand the rationale for your recommended treatment plan.

When appealing a claim, it is important to follow the specific instructions provided by the particular plan including the submittal of the appeal in writing within the time frame allowed by the plan. It is important to send it to the specified department of the plan and must be in the form the plan requires. It should prominently include the word “appeal” in the title and the text of the document and in any cover letter that accompanies the appeal document. If you do not have a copy of any relevant plan documents, the plan should provide them to you. If you have further questions, it is best to call the plan at the toll free number on the patient’s identification card.

For Plans that Outsource the Claims Appeal Process

There are dental plans that outsource original claims review and appealed claims to consulting firms and information on these types of review follows.

- **Informal review** – Submittals for reviews must be in writing and there are no specific forms to submit. There is no fee and an informal review is not considered a formal appeal.
- **Internal appeal** – Submittals must utilize an internal appeal form and there is no fee for the internal appeal.
- **External appeal** – Submittals must utilize an external appeal form.

For additional information, please contact the plan directly.

Disclaimer: It is the intent of this publication to offer dentists some tips on “How to File an Appeal”. The information provided here is for reference use only and does not constitute the rendering of legal, financial, or other professional advice or recommendation by the American Dental Association.