

[~Current Date~]

Attn: Director of Claims

[~Insurance Policy #1 Carrier~]

[~Insurance Policy #1 Address~]

Re: Patient: [~Patient Name~]  
Policy: [~Insurance Policy #1 Number~]  
Insured: [~Responsible Party Name~]  
Treatment Dates: [~Admission Date~] - [~Discharge Date~]  
Amount: [~Total Charges~]

Dear Director of Claims,

According to our records, your company denied this claim due to your internal determination that the prescribed treatment was not medically necessary. As you are likely aware, The State of New Jersey holds managed care companies accountable for treatment decision.

As stated in the Health Care Carrier Accountability Act, New Jersey health maintenance organizations and other managed care entities have become increasingly involved in health care treatment decisions, including, but not limited to, the use of financial incentives to providers and practice guidelines, in an effort to reduce health care costs. This law states that, as a result, many carriers have been reducing or denying medically necessary health care treatments for their insured patients. Therefore, the state has enacted law to hold managed care organizations to the same level of legal responsibility as physicians and other health care providers who make decisions regarding the necessity and appropriateness of medical care.

Further, N.J.S.A. § C.2A:53A-33, "Liability of carrier, organized delivery system to covered person," states the following about inappropriate treatment decisions under Paragraph 4:

a. Notwithstanding the provisions of any other law to the contrary, a carrier or organized delivery system shall be liable to a covered person for economic and non-economic loss that occurs as a result of the carrier's or organized delivery system's negligence with respect to the denial of or delay in approving or providing medically necessary covered services, which denial or delay is the proximate cause of the covered person's: (1) death; (2) serious and protracted or permanent impairment of a bodily function or system; (3) loss of a body organ necessary for normal bodily function; (4) loss of a body member; (5) exacerbation of a serious or life-threatening disease or condition that results in serious or significant harm or requires substantial medical treatment; (6) a physical condition resulting in chronic and significant pain; or (7) substantial physical or mental harm which resulted in further substantial medical treatment made medically necessary by the denial or delay of care. Under the provisions of this section, a carrier or organized delivery system shall be liable for the health care treatment decisions of its employees, agents or other representatives over whom the carrier or organized delivery system has the right to exercise influence or control, or has actually exercised influence or control.

The statute also defines "Appropriate and medically necessary" as "the standard for health care services as determined by health care providers in accordance with generally accepted standards of health care practice." This letter is to appeal your denial of care. According to our review of the medical records, the absence of the recommended treatment course may cause one of the above listed results for which your company may be liable. We appreciate your immediate response.

Sincerely,

Claims Analyst