



Illinois Department of Insurance

External Review

How and When to File

Updated - December 2017

Note: This information was developed to provide consumers with general information and guidance about insurance coverages and laws. It is not intended to give a formal, definitive description or interpretation of Department policy. For specific Department policy on any issue, interested parties should contact the Department.

ATTENTION - You are NOT eligible for an external review under Illinois law if:

- You are covered by a self-insured employer plan, self-insured union plan, self-insured church plan or self-insured non-federal governmental plan unless the plan has chosen the state process;
- You are covered by a group plan issued in another state;
- The coverage is through Medicare, Medicaid, Federal Employees Health Benefits Program; Tricare or other military coverage;
- The coverage is for a specified disease (for example, "Cancer only"); specified accident or accident only coverage, credit, dental, disability income, hospital indemnity, long-term care insurance, vision care, or other limited supplemental benefits. For more detailed information about external review, call (877)850-4740.

Illinois law 215 ILCS 180 gives covered persons the right to apply for an External Review for the denial, reduction, termination or failure to make payment under the health carrier's benefit plan because:

- the service was not "Medically Necessary"; or
- the service is considered "Experimental/investigational"; or
- the condition is "Pre-existing"; or
- your coverage is being rescinded (voided) for a reason other than non-payment of premium or contributions;

How and When to File an External Review If You Are Eligible

When – Health Care Providers and Consumers

- If you disagree with a health carrier's determination, about medical necessity, experimental/investigational, pre-existing condition or rescission of health coverage
- You must first exhaust your internal appeal rights before requesting an external review except in urgent circumstances.
- You must file for an external review within 4 months from the date of written notification that the internal appeal process has been exhausted.

How – Electronically - Health Care Providers Only

You may file your external review request electronically through the Department's Message Center. Please go to the section entitled "Health Care Providers", create an account, and file your request. You may use one account to file requests for multiple patients.

How – Paper - Consumers and Health Care Providers

You may complete the fillable pdf forms below, then Save, Save & Email, or Save & Print.

- External Review Request Form - required for **ALL** instances.
- Health Care Provider Certification Forms - Expedited | Experimental
- Appointment of Authorized Representative Form - use to appoint to another person for the review