

APPEALS PROCESS

for eating disorder higher levels of care

1. Peer to Peer

A Peer to Peer is a phone conversation between your treatment provider (typically a psychiatrist or licensed therapist) and a doctor (MD) at the insurance company. This occurs when a request for services is being considered for denial by insurance.

2. Level 1 Internal Appeal

If the MD denies services in the peer to peer, an internal appeal may be requested to assess whether or not the correct determination was made when the services were denied. This may involve another conversation between your treatment team and MD, or a review of medical records, or both. Typically, this will be requested as an "expedited appeal" and will take place within 48-72 hours.

3. Level 2 Internal Appeal

Reconsideration of the denial will take place with a different MD at the insurance company. This may be completed by chart review, a live conversation involving the treatment team, and in some cases, family members and/or client, to dispute the denial. This appeal may take longer.

4. External Appeal

If the denial continues to be upheld through each level of internal appeal, you may request an independent external review. A third party, called an Independent Review Organization, will be selected by the insurance company. The determination may take up to 45 days. If the denial is overturned, insurance is legally obligated to pay for services.

***This appeal process varies by policy and does not apply to Medicaid, Medicare, or Tricare policies.**

[Click Here to learn more about the Medicare appeals process](#)

[Click Here to learn more about the Tricare appeals process](#)