

HEALTH CARE BENEFITS FOR CHILDREN OF VIETNAM VETERANS

CHAPTER: 1
SECTION: 3
TITLE: RECONSIDERATION/APEAL OF CLAIMS

AUTHORITY: 38 CFR 17.904; 38 CFR 20.101(b)

I. POLICY

A. If a health care provider, beneficiary, legal guardian or beneficiary's representative (designated as such in writing by the beneficiary/legal guardian) disagrees with the initial determination concerning covered services or calculation of benefits; he or she may request reconsideration.

B. Requests for reconsideration must:

1. be submitted to the Chief, Beneficiary and Provider Services, Health Administration Center (HAC) in writing,
2. be submitted within one year of the date of the initial determination (an initial determination may be an explanation of benefits (EOB) or letter),
3. state why it is believed the decision is in error, and
4. include any new and relevant information not previously considered.

C. The reconsideration request will be reviewed on the merits of the documentation and/or argument made in support of such request.

D. A request for reconsideration that does not identify the reason for the dispute will be denied without further consideration.

E. An untimely reconsideration request will be denied.

F. After reviewing the reconsideration request and relevant supporting documentation, a written determination will be issued when the original decision is upheld.

G. If the original determination is reversed or modified, the claim will be reprocessed and a new explanation of benefits will be issued.

H. If there is still disagreement, a written request for review to the Health Administration Center (HAC) Director may be made within 90 days of the date of the first reconsideration decision.

1. The Director, or designee, will review the claim and any relevant supporting documentation and issue a decision in writing that affirms, reverses, or modifies the previous decision.

2. The decision of the Director with respect to benefit coverage and computation of benefits is final.

I. Board of Veterans Appeals.

1. Appeals based on administrative requirements, such as eligibility determinations, may be appealed to the Board of Veterans Appeals in accordance with 38 CFR 20.101(b).

NOTE: As eligibility is determined by the VBA, appeals regarding eligibility are to be referred to the Denver VARO, as it is the office of original jurisdiction.

2. Medical determinations, such as the need for and appropriateness of specific types of medical care or treatment, are not appealable to the Board.

3. HAC determinations regarding the Board of Veteran's Appeals jurisdictional authority may be appealed to the Board. For example, if HAC denies skilled nursing services as not medically necessary and the beneficiary requests an appeal to the Board, that request would be denied as not within the Board's jurisdiction. It is the decision regarding the Board's jurisdiction that could then be appealed.

END OF POLICY

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