

CHAMPVA POLICY MANUAL

CHAPTER: 1
SECTION: 5.1
TITLE: RECONSIDERATION/APPEAL OF CLAIMS

AUTHORITY: 38 CFR 17.270(a) and 17.275-278

I. DEFINITION

An appeal is a request for an administrative review of a decision.

II. 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 Director, Administration Division, 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. A request for reconsideration that does not identify the reason for the dispute will be returned without further consideration.

D. An untimely request for reconsideration will be denied.

E. After reviewing the claim and relevant supporting documentation, a written determination will be issued.

1. The determination will affirm, reverse, or modify the original determination.
2. The request for reconsideration will be reviewed on the merits of the documentation and/or argument made in support of such request.

F. 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 claims 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.

G. Board of Veterans Appeals.

1. Appeals based on administrative requirements may be appealed to the Board of Veterans Appeals in accordance with 38 CFR 20.10(b).

2. The Board's jurisdiction extends to questions of eligibility.

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

4. HAC determinations regarding the Board's 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