

Wyoming Insurance Department

Insurance Claim Denial External Review Process

Medical Necessity Claim Denial External Review - Overview

Wyoming external review law for insurance claims denied as not medically necessary or on a similar basis will be effective for all covered plans issued or renewed on or after July 1, 2010 pursuant to W.S. 26-40-201 and Wyoming Insurance Department Regulations, Chapter 63.

External review is only available for insurance claims denied for “medical necessity.” A covered person must first exhaust the insurer’s internal final appeal process as described in the health insurance contract. After the insurer’s final denial, the covered person or assigned representative may then submit a request to the health insurer for an external review. The external review will be performed by an Independent Review Organization (IRO) that is separate from the insurer and is free of charge for the covered person.

An Independent Review Organization licensed with the Wyoming Department of Insurance will provide external review of denied health claims. The IROs are required to be registered with the Department. Forms and application information are available see links below.

Insurance companies who are authorized to sell insurance in the state will be required to provide external review disclosure to their covered persons at the time of the final denial of the claim. [Chapter 63](#) of the Wyoming Insurance Department Regulations describes the full external review process. Language explaining the external review process must be included in the insurance contract. Consumers covered under any insurance policy may request an external review of their denied claim if the insurance company based the denial on “medical necessity.”

External Review for Claim Denials for Consumers

Your right to an independent external review: Starting July 1, 2010, Wyoming consumers have the right to a review of insurance claim denials, if the insurance carrier denied the service, procedure, or supply as "Not Medically Necessary."

You must first exhaust all levels of internal appeals or grievances with your insurance carrier before you can apply for an external review. No later than **120** days from the date of the insurance carrier's final denial and if you have exhausted all levels of appeals, you may submit a written request for an external review to your insurance carrier. You may use Wyoming’s [External Review Request Form](#) or the form the company supplies. **Submitting the external review request form does not guarantee your claim will meet eligibility requirements.**

If your request qualifies, your insurer will assign your request to an Independent Review Organization (IRO) and notify our department. The IRO will review your medical records and other relevant material received from your health carrier to determine if the health carrier made the correct decision. The IROs licensed with the Department of Insurance are independent from insurance carriers. Your insurance carrier will pay the cost of the review. The IRO’s decision is binding on the insurance carrier.

Standard Review:

- The IRO must make a decision within 45 days after it receives a request from the insurer.

Expedited Review:

- For an urgent care request, send the Review Request Form and Certification of Your Treating Physician for expedited consideration of your claim. The IRO must make a decision within 72 hours after the date of receipt of the request.

For more information:

Wyoming Department of Insurance
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