



Increasing Knowledge
of Rare Disease Health
Care Coverage

Health Insurance Marketplace Plans – Denials & Appeals

If you bought your health plan through the federal Marketplace at [HealthCare.gov](https://www.healthcare.gov) and your insurance company denies a service or payment, you have the right to appeal.

Steps to appeal a denial

1. Review your denial notice

- Your health insurance company must send you a **“Notice of Denial of Payment”** or **“Notice of Denial of Coverage.”**
- This notice explains why your claim was denied and how to appeal

2. File an internal appeal

- You must submit your appeal **within 180 days (about 6 months)** of receiving the denial notice.
- Your insurance company must review your appeal and respond within:
 - **30 days** if the service hasn't been received yet.
 - **60 days** if the service has already been received.
- If the appeal is approved, your health plan must provide the service or pay the claim.

3. Request an external review

- If your internal appeal is denied, you can ask for an **external review** by an independent reviewer.
- You must request this review **within 4 months** of the final denial from your insurance company.
- The external reviewer's decision is **final and legally binding** — your insurance company must follow it.

Fast appeals for urgent health needs

- If waiting could seriously harm your health, you can request an **expedited appeal**.
- Your insurance company must make a decision **within 72 hours**.

If you need help filing an appeal, you can contact the Marketplace Call Center at

1-800-318-2596, TTY users can call 1-855-889-4325 or identify a [local assister](#) for support.

