

Veteran's Healthcare: Denials and Appeals

Insurance companies are required to follow specific guidelines when reviewing a request for medications or healthcare services which help to make sure everyone is treated the same. If a request for medications or services does not seem to meet the guidelines, the insurance company may send you a denial letter. The denial letter must clearly spell out the reasons for the denial in language that you can understand.

The VA system operates differently than other health insurance companies. The appeals process is primarily handled online. Your decision came with a full explanation of what to do if you disagree with your decision. Please refer to that document for a complete explanation of your rights and options.

Your options:

If you disagree with a benefits decision, you have the following three options for review:

1. Supplemental claim

If you have new evidence to submit that is relevant to your claim, you may file a Supplemental Claim. You must file a Supplemental Claim within one year of the prior decision to continuously pursue your claim. Here are some points to remember:

- New and relevant evidence must be submitted or identified with the Supplemental Claim.
- Evidence is "relevant" if it tends to prove or disprove a matter at issue in the claim.
- Evidence is "new" if it was not considered in the previous decision.
- VHA will assist in gathering evidence that you identify with your Supplemental Claim.

To file a Supplemental Claim, please submit [Form VBA-20-0995](#) to the facility where your claim was denied. For PCAFC decisions, please refer to [VA Form 10-305](#) for filing instructions.

2. Higher-level review

If you disagree with a benefits decision, but you have no new evidence to submit, you can request a Higher-Level Review. Here are some points to remember:

- If you choose this option, a more experienced or senior decision-maker will take a second look at the same evidence.
- Your claim will be considered based on evidence that was part of the record at the time of the prior decision. No new evidence will be considered.
- However, you may submit an explanation in support of your claim.
- You may request a one-time, informal conference to discuss your claim.

To request a Higher-Level Review, please submit [VA Form 20-0996](#) to the facility where your claim was denied within one year of the decision. For PCAFC decisions, please refer to [VA Form 10-305](#) for filing instructions.

3. Appeal to the board

If you disagree with a benefits decision, you can file an appeal with the Board and request to:

- Submit additional evidence,
- Have a hearing, OR
- Have the Board decide your appeal based on the same evidence as the prior decision.

These options are called “dockets.” Here are some points to remember:

- **Direct Review docket:** Your appeal will be reviewed by a Veterans Law Judge based on the same evidence of record at the time of prior decision.
- **Evidence Submission docket:** You or your representative may submit evidence to the Board with or within 90 days following the submission of a [VA Form 10182](#)
- **Hearing docket:** You will be scheduled for a hearing. You or your representative may submit evidence at or within 90 days following the hearing. To appeal to the Board, please submit VA Form 10182 to the address or fax number included on the form within one year of the decision.

Resources

[Veterans Health Administration Claims and Appeals Process](#)