

DCS FILED OR AUTHORIZED A TENNCARE APPEAL FOR YOU

Date: _____

TO:

Child: _____

Parents: _____

CC:

FSW: _____

Placement/

Foster Parents: _____

_____’s TennCare insurance company, _____,
denied _____. A copy of the denial notice is
enclosed. DCS filed or authorized a TennCare appeal on your behalf.

TennCare will now ask the insurance company to reconsider their decision. If the insurance company does not change their decision, then TennCare will do an independent medical necessity review. If TennCare thinks the service is medically necessary, they will direct the insurance company to provide the service or care. If TennCare thinks the service or care is not medically necessary, the appeal will be set for a hearing before an Administrative Law Judge.

If the appeal goes to hearing*, DCS will provide a private attorney to represent _____ at the hearing at no cost to you. DCS will pay the attorney’s fees. But you will have to meet or talk to the attorney and sign releases for them to get copies of medical records and talk to health care providers. If you do not want to continue with the appeal or you don’t want the attorney to represent _____, let the attorney know. The attorney will be Sunny Stevens.

***Exception for Dental Appeals:** Please note that if TennCare determines after the third, independent medical necessity review that braces, crowns, or wisdom teeth removal are not medically necessary the appeal will be withdrawn. But if your symptoms change, your dentist or orthodontist can send a new request asking Renaissance to cover the service. Renaissance will determine medical necessity based on the new information provided by your dentist or orthodontist.

Note to Child’s Placement: *Please facilitate contact between the child and their attorney.*

Sincerely,

Health Advocacy Representative

Division/Office -

Address Line -

Address Line -

Tel:

- Fax:

- tn.gov/agency