



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE**

**TCA § 56-61-125
External Review Disclosure Requirements**

1. Overview

In accordance with Tennessee Code Annotated § 56-61-125, this document provides a description of the external review disclosure requirements. External review allows covered persons to appeal certain decisions made by the health carrier to an independent reviewer.

2. Process

Requesting an External Review

- **Submission:** To initiate an external review, the covered person must submit a written request to the health carrier within 180 days of receiving a final determination or final determination notice.
- **Required Information:** Include the following information with the request:
 - A copy of the notice or final determination being appealed.
 - Any supporting documents related to the appeal.

Eligibility

- Covered persons are eligible for an external review if the decision involves a denial of coverage based on medical necessity, appropriateness, health care setting, or level of care.

Timeline

- **Request Receipt:** The health carrier will acknowledge receipt of the external review request within 10 days of the receipt of the request.
- **Decision:** The independent reviewer will issue a final decision within 45 days of receiving all necessary information.



3. Contact Information

For further assistance, please contact:

- **Department:** TN Department of Commerce and Insurance
- **Phone Number:** 615-714-2825
- **Email Address:** Ins.Policy.Analysis@tn.gov
- **Mailing Address:** 500 James Robertson Parkway, Nashville TN, 37243

4. Additional Details

- **Costs:** There are no costs to the covered person for initiating an external review.
- **Decision Communication:** The final decision will be communicated in writing to the covered person and will include a detailed explanation of the review outcome.

5. Disclosure

Each health carrier in the State of Tennessee shall include a statement that informs the aggrieved person of the aggrieved person's right to file a request for an external review of an adverse determination or final adverse determination with the health carrier. Please note that, when filing a request for an external review, the covered person will be required to authorize the release of any medical records of the covered person that may be required to be reviewed for the purpose of reaching a decision on the external review.



Department of Commerce and Insurance
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