

Dental Appeal Process
(Explanation of Decision on Appeals - EODOA)

If a claim is denied, Delta Dental of Illinois' Explanation of Benefits (EOB) includes language on the right to appeal with Delta Dental of Illinois.

Initial Denial on EOB – If your appeal has been denied in whole or in part, you will be issued an Explanation of Decision on Appeals (EODOA) and you have the following rights:
You have the right to file a first level appeal within 180days of the date of receipt of this initial benefit determination.

Level I denial on EOB - You have the right to file a second appeal requesting that Delta Dental of Illinois formally review the first appeal's denial. **You must send a written request for reconsideration within 60 days from the date you receive this EODOA.** Please provide new or additional information to support your written request for reconsideration, and send to: Re-evaluation Committee, Delta Dental of Illinois, 111 Shuman Boulevard, Naperville, IL 60563. Be sure to include the patient name, subscriber name, and the subscriber identification number on all documents.

Level II denial on EOB - **If you still believe Delta Dental's determination is not consistent with the published benefit coverage,** you may file an appeal with CMS. You must send a written request **within 60 days from the date you receive the denial of your second appeal** to: CMS Group Insurance Division, 801 S. 7th Street, P.O. Box 19208, Springfield, IL 62794-9208. All appeals must be accompanied by all documentation supporting the request for reconsideration.