



September 16, 2022



Dear [REDACTED],

We're writing to give you an update on the expedited grievance you filed. You asked to us to reconsider our decision not to authorize the left cochlear implant services you want to have performed.

We reviewed the information provided and have changed our original decision.

What this means for you

After our review, we determined that we'll approve authorization of your requested service. We based our decision on medical review that found that this service is medically appropriate in this case. Benefits will be based on the terms of the member's health benefit plan and eligibility status at the time the services are rendered. To avoid paying out-of-network costs, please make sure your provider is in your network. If you need to find a new provider, please use our Find a Doctor tool at bcbst.com.

If you have any questions, we're here to help. You can reach us at 1-800-565-9140, Monday through Friday, 8 a.m. until 6 p.m. ET. For TDD/TTY help, call 711.

Best of Health,
Your Member Care Team

MEMBER DETAILS

Member Name



Member ID



Date of Service

N/A – pre-authorization denial

Case Number

