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Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Internal Claims and Appeals and External Review Processes Under the Patient Protection and Affordable Care Act

**Comment On:** EBSA-2010-0019-0001

Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Internal Claims and Appeals and External Review Processes Under the Patient Protection and Affordable Care Act

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## General Comment

This Interim Final Rule requires health plans to provide the diagnosis and CPT code, as well as their corresponding meanings related to the adverse benefit determination. However, when filling a prescription at the pharmacy, the diagnosis code is not collected. Thus, this info cannot be included in the adverse benefit determination. Overall, the collection of this information will not benefit me as a member or insured. The IFR must be modified to provide me as a member more meaningful information in layperson terms. The average individual who does not work in healthcare does not know what a diagnosis or CPT code means even if you include the corresponding meaning. Thus, you are about to send consumers more information that they do not understand.

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