



American Brain Tumor Association

The Caring Column

A monthly column designed to help answer your questions

October 2007

This month's feature –

How can I appeal an insurance denial?

Dear ABTA:

I have a recurring brain tumor and recently had surgery. My physician would like me to have a routine procedure, but my insurance company does not feel that this procedure is necessary. In fact, my insurance company has refused to pay! Has anyone had to fight their insurance company before to get coverage? If so, how can I do this since my physician believes that this procedure is beneficial for my well-being? Please help!

Sincerely,
Perturbed Policy Holder

Dear *Perturbed Policy Holder*,

Thank you for contacting us! It is unfortunate to hear that you are experiencing problems with your health insurance provider. However, it is important to remember that you are not alone. Many health care consumers often express similar frustrations. If you and your physician believe that this procedure is necessary for your treatment and well-being, then appealing the insurance denial may be a logical next step.

Before you decide to move forward with an appeal, make sure that you understand your health insurance benefits. You can become more familiar with your plan by reviewing your health insurance policy handbook and/or by talking with your benefits manager or human resources representative. It is a good idea to talk with your benefits manager or human resources representative because sometimes they can overturn an insurance denial. Make sure that you document all interactions with your benefits manager, human resources representative and insurance company.

Next, request a copy of the insurance denial and try to understand the specific reason why your insurance company is denying you of this treatment option. Again, make sure that you document all of your interactions with the insurance company. Some find it helpful to put all documentation in a file that can easily be referred back to. Also, keep any medical records and/or supporting documentation from the physician in the file, too. Then, when you communicate with the insurance company, you will have all of the information at hand.

The next step is to consider an internal appeal with your insurance company. Contact your company and talk with a customer service representative and/or supervisor. Usually, supervisors

are the ones that can overturn a denial. If you do not make progress with the customer service representative or supervisor, the next step is to write an appeal letter. The language and terminology are very important in the appeal letter. It is helpful to talk with your nurse, social worker or patient advocate to find out exactly (word for word) what should be written in the letter to be considered for the specific procedure. Also, be sure to include all supportive documentation from your physician(s). For some experimental procedures, it is also a good idea to include scholarly journal articles that cite supportive evidence for the treatment/procedure. This way, when the insurance company is evaluating the appeal, they will be able to review the recommendation of the physician along with supportive, scientific evidence that explains why the treatment is beneficial. Ask your physician or nurse for help with locating supportive documentation and scholarly journal articles. There may also be a social worker at your physician's office or hospital that can help you with the appeal process.

For more information on the insurance appeal process, try contacting the Patient Advocate Foundation. The Patient Advocate Foundation can act as a liaison between you and your insurance company to help mediate disputes. Also, the Patient Advocate Foundation provides a publication entitled, "Your Guide to the Appeals Process," which includes sample appeal letters. http://www.patientadvocate.org/pdf/pubs/appeal_guide.pdf

If you need additional assistance/information, contact the National Association of Insurance Commissioners. Each state has a department which can inform you of your health insurance rights and the steps to take in the appeals process. http://www/naic.org/state_web_map.htm

The health insurance industry is very confusing and difficult to navigate. Just remember, you are not alone. We are here to help support you through each step of the way.

I hope this information prepares you to successfully advocate for yourself! Thanks again for contacting us!

Topics highlighted in "The Caring Column" are based on letters, emails and/ or calls received by the ABTA Social Workers. They do not represent actual correspondence. This information is not intended as a substitute for professional medical advice and does not provide advice on treatments or conditions for individual patients. All health and treatment decisions must be made in consultation with your physician (s), utilizing your specific medical information. The American Brain Tumor Association does not endorse any of the organizations listed or guarantee that individuals will qualify for the services they provide. Please contact each organization for their specific guidelines.