

8 Tips for Advocating for Insurance Coverage for Amputees and Caregivers

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Dealing with insurance companies on claims is often frustrating. Trying to get an insurance company to pay for necessary prosthetics and related services (such as therapy) is often downright maddening. Although it seems logical that insurance benefits should be provided for prosthesis and for therapy needed to assist those with amputations, such benefits are very often denied or excluded. I know because my wife, Elizabeth, and I dealt with many of these issues following her bout with septic shock and quadruple amputations in 2016 and continue to deal with them today.

When it comes to insurance advocacy, we are lucky because my job often involves interpreting contracts, such as insurance policies. We are also lucky that we have (and had) the backing of other advocates and an insurance agent willing to go to bat for us. Many people, however, do not have legal training or devoted advocates that can help them obtain the coverage that an insurance policy, and the law, allows. To help those entering or dealing with the morass that is obtaining coverage for prosthetic devices, I put together the following tips for Enhancing Skills for Life to share with you:

- Tip 1 -- ***Read the insurance policy carefully.*** There are likely multiple provisions potentially implicated by a claim and any ambiguity in those provisions can be used to advocate for coverage.
- Tip 2 -- ***Talk to the insurance company early and often.*** Take and keep detailed, contemporaneous notes of conversations with the insurance company or broker or other insurance representative. Notate the date and time of the conversation, the name of the representative, the issues discussed, and any information provided. I found that a representative would provide information before services were provided that was different from the information provided in the claim denial. Detailed notes are helpful in appeals and, if necessary, litigation.
- Tip 3 -- ***There is no need to reinvent the wheel.*** Although you may feel alone, there are many others who have experience with the issues you are facing. Because you may have received this article through Enhancing Skills for Life, chances are that you know there are many resources available to you.
 - Tip 3A -- ***Ask for help from professionals.*** Insurance reimbursement fights related to prosthetic devices, particularly for more expensive items like myoelectric devices, go hand-in-hand. As a result, there are many organizations that have experience with insurance reimbursement issues, and most are very willing to pitch in to help. For example, the companies that make prosthetic devices often have reimbursement specialists that can help make sure you have all the appropriate documentation and are asking the right questions. Your medical doctors, therapists, and other healthcare providers are interested in seeing you achieve as much function as possible and want to include the appropriate “magic language” in their notes to help you obtain coverage for devices. Your prosthetist is very interested in getting reimbursed by the insurance company for the devices that are right

for you. All these professionals are typically willing to help. Don't be afraid to ask for and accept that help.

- Tip 3B -- ***Ask for help from peers*** or others who have been down a road similar to the one you are on. In the immediate aftermath of Elizabeth's amputations, we had no idea where to turn for information and no idea of the obstacles ahead. In order to figure out where to start, as I often do to get the research train moving, I just "Googled it." It turns out there are a whole lot of resources available online. Not only are there forums and communities on social media, but there are a lot of helpful resources available through organizations like Enhancing Skills for Life and on advocacy-related webpages.
 - Tip 4 -- ***Do not take no for an answer.*** Insurance companies deny claims for a host of reasons. Often those reasons relate to easily fixable issue (like an incomplete form or a small piece of information missing from your physician). There are many avenues available to get information about a denial and to obtain a reversal of a coverage decision. To that end, you can:
 - Tip 4A -- ***Enlist the help of an available insurance agent.*** While it is important to appeal a denial in many situations, often times an issue causing a denial can be addressed relatively quickly and without the need for an appeal. If you are on an employer sponsored insurance plan, your employer's insurance agent is available and should be willing to help facilitate an approval of your claim.
 - Tip 4B -- ***Call the insurance company.*** It is important to determine the specific reasons why an individual claim was denied. In communicating with the insurance company, get as much detailed information about the denial as possible, including specifics as to the reason for the denial and the specific provisions of the policy that are implicated by the claim. This specific information can put you in a better position to challenge a denied claim.
 - Tip 4C -- ***Appeal.*** An appeal of a denied claim is a right available to you under your policy and, in most states, under the law. Take advantage of your rights. (*Note that there are often multiple lawyers of appeals and review options, so make sure to understand and take advantage of as many of these options as you need to.*)
 - Tip 5 -- ***Research, research, research.*** As discussed briefly above, the internet hosts a treasure trove of information that can be used to help advocate for appropriate insurance coverage. For example, you can obtain a copy of a policy related to the standards for covering myoelectric devices in a different state or from a different company. Policies from another insurance company or another state can be used to help demonstrate why a denial or the specific policy used by your insurance company is unreasonable and/or inconsistent with the standard.

- Tip 6 -- ***Know the law.*** Review your state's statutes governing insurance policies and don't be afraid to use them. Too often, patients rely upon a determination from the insurance company without being fully aware of their rights. Many states have insurance commissioners or other agencies that are tasked with overseeing compliance with the state's insurance statutes. These statutes often provide protections to patients. Do not be afraid to use the protections available to you. Most importantly, make sure the insurance company knows that if it does not provide the coverage that the policy provides, you will be using all legally available avenues to obtain the coverage you are entitled to.
- Tip 7 -- ***Work with your prosthetist.*** Your prosthetist may be willing to help you obtain coverage and can be a key ally. Among other things, a prosthetist helps select and fit the right equipment for you. A prosthetist wants to get paid for the devices they are fitting and will provide you with options they know they will get reimbursed for. Provide your insurance policies to your prosthetist. If there are certain criteria that must be met under your policy, it is helpful for your prosthetist to review those criteria early in the fitting process. To that end, a prosthetist is a prosthetics expert, and many physicians are not. Ask your prosthetist to coordinate with your physician to ensure appropriate documentation of medical necessity.
- Tip 8 -- ***Find alternative funding sources.*** If all else fails, try a fundraiser or a GoFundMe account. And don't forget to review any supplemental insurance policies you have. Perhaps you can find coverage in those policies or obtain funds through those policies to help pay for necessary prosthetic devices.

In sum, there are many things you can do to advocate for the insurance benefits you are due. Be vigilant and make sure you are provided the coverage you deserve.