

Know your insurance plan

- Even if it says it doesn't cover prosthetics or your specific device, overturning a denial is possible.
- Statement of Benefits
 - What does it cover
 - What does it exclude
 - Out-of-pocket costs
- In-network/out-of-network – Can be found on the website or you can call

Insurance Denials

- Many insurance companies are required to deny a certain number of claims.
- If you have an employer sponsored plan you can work with HR to understand your options
- It's important to work with your medical team if you're denied coverage.
- Know how to write a compelling appeal letter (with your medical team or on your own)
- Follow up
- Be aware of insurance Fairness Laws and coverage requirements and applicability in your state

Advocate for change!

Visit www.amputee-coalition.org/advocacy-awareness/ and tell your story of your insurance denial and get involved with the Amputee Coalition's advocacy team. With many stories, like yours, our leaders will be able to understand that the denial of appropriate prosthetic devices is a universal problem across the country, keeping individuals from living their lives to their fullest potential. Help make a change in current policies, by sharing your story and getting involved with the advocacy team.

Tools and resources to elevate further:

Amputee-Coalition.org
Insurance commissioner
Contact your state legislators
Contact your federal legislators
State assistance programs
Centers for Independent Living

**Private Insurance Denials and Appeals
No is Not and Answer!**

Steps of a denial

If your claim is denied, then you file an appeal. Next, you will receive a finding. If denied again, there may be a need for a secondary appeal. If your claim is denied again, you can elevate it to your state insurance commissioner if you still feel the determination was incorrect.

Work with HR

How do you work with HR? Pre-emptively (before employer chooses new plans and renewals), make them aware of your prosthetic needs. Within your current coverage limitations, HR can help you navigate your current plan, and/or even help you with the appeals process.

Work with your medical team

Communicate your needs, lifestyle, activity level, goals, work and hobbies with your prosthetist, sometimes surgeon, primary care physician, physical/occupational therapist, and/or physiatrist. Their assessments and thorough documentation of the above details are crucial in the claims process.

How to write an appeal letter

Include your name, insurance plan number, reason for denial. Be polite and courteous, using please and thank you. Explain your activities of daily living (using stairs in the home, walking up ramps in driveway, taking care of small children, etc.). Also explain your work environment and the necessity of certain functions you need the prosthesis to perform. Explain hardships that are occurring every day

that a prosthetic device is not provided, and ask for a timely approval of your device. Make it personal, giving as much detail of your daily life and activities as possible. Including photos, and/or videos of the above can also help personalize your story. You can also include research outlining the benefits of the prosthetic device you are requesting.

Ask your prosthetist or the Amputee Coalition for available documentation that supports coverage of your device. Know what your insurance company's insurance coverage for a knee or hip replacement surgery is. Request that you'd like the same coverage for your external prosthetic device, that is given to the internal prosthetic devices. Keep a copy of your letter and documents. Mail all of your documentation in a certified letter to your insurance claims dept., so that you know when they have received your letter.

Follow Up

If neither you, nor your prosthetist have heard back from your insurance company within a timely fashion, contact your insurance company and ask to speak with a patient advocate, or your case manager. Have your copy of your letter and documentation handy.

Ask if there has been a review of your appeal. If it has not yet been done, then ask when you can expect a response or when you can follow up again. If it has, ask if there is any other documentation needed, or anything else that you can do to help facilitate the approval. You can reiterate your activities of daily living, your necessity to return to work, the benefits of having this specific device, and the daily hardships that you encounter without your

device (or with an aging or antiquated device). Again, ask that your prosthetic device be considered the same as internal devices like a knee or hip replacement.

Insurance Fairness for Amputees Act

Find out if your state has the Insurance Fairness Act in place. Find your state policy at www.amputee-coalition.org/advocacy-awareness/state-issues. Also, determine if your insurance company is regulated by your state's insurance laws. Self-funded plans are regulated at the federal level and private and small group plans are regulated under the state level. You can call your Human Resources dept, or the local office managing your insurance plan, to determine this regulation of your insurance company. Once these 2 situations have been verified proceed with

- a. Sending a copy of your state's insurance fairness law to your health plan administrator.
- b. Contact your state insurance commissioner to alert them to enforce this issue at naic.org/state_web_map.htm
- c. You can also consider seeking assistance from your state's consumer protection office if your insurance company isn't complying with the Insurance Fairness Bill. Their contact information can be found at usa.gov/directory/stateconsumer.