

## Winning an insurance appeal

by Alison Dale

After 30-plus years of MS, my foot drop is more like foot drag. Walking has become increasingly difficult, though I've done everything I could to improve the situation: aquatic exercise, yoga, medications, canes, walkers, ankle-foot orthoses—you name it.

When my neurologist suggested that I try functional electrical stimulation, or FES, I tested out a couple of devices. The one I liked best seemed to offer some help. It wasn't a magic bullet, but my left foot definitely picked up more and the scuffing sound that is my constant companion got a little quieter. Instead of scuffing every step, I scuffed every three or four steps. To me, this was huge.

Unfortunately, the device cost \$5,000. I wrote a letter to my insurance company, asking if they would cover it.

My initial request was met with a letter of denial: "Neuromuscular stimulator is not a benefit covered under your insurance plan." Really? I combed through my policy—and discovered no mention of neuromuscular stimulator, let alone its exclusion.

### A second try

I called the insurance company and felt vindicated when they couldn't find it either! Many phone calls later I was told that: 1) if my doctor wrote a letter saying the device was medically necessary;

**Insurance doesn't cover everything. But persistence—and a well-argued case—can sometimes pay off.**

and 2) it was FDA approved, they would cover it.

A quick search on the Internet turned up proof that, in fact, this FES device had been FDA-approved in 2005. I had my doctor write a letter, and I submitted an appeal, detailing my history with MS and listing every device, medicine and therapy I had tried. I was fully convinced that they **couldn't** turn me down.

I was wrong.

They provided three reasons for denial:

- 1) The device was "experimental."
- 2) It was not approved by the FDA to be marketed for the proposed use.
- 3) There was a lack of medical and scientific data to support the efficacy of the device.

They did, however, mention one remaining option: an independent medical review (IMR) that would be conducted by doctors familiar with my type of health issues. The IMR's decision, they explained, would be final.

### Persistence pays off

It seemed like a long shot, but I convinced myself to take this last step. Why not? I had nothing to lose.

I countered each of their reasons with the following arguments and supporting materials:

- 1) The FES device was **not** experimental in my case. I included letters from my doctor and my physical therapist detailing in very precise language how the device had improved my walking.
- 2) It **had** been FDA-approved for the proposed use: countering foot drop. I included an article I found online from a prestigious medical journal stating just that.
- 3) There was plenty of medical and scientific data supporting its efficacy. I enclosed copies of every article I could find online, carefully cross-referencing where appropriate.



I spellchecked and proofread my appeal, and then had a couple of trusted friends read it over to make sure that every question had been answered clearly, completely and convincingly. Then I held my breath and sent it off.

When I read the response, I practically fell out of my chair. After three appeals and nine months time, my insurance company overturned their previous denials. I was covered.

### The take-home

Insurance companies are not necessarily as up-to-date about new therapies as the health-care professionals who use them to treat people's symptoms. When my insurance company resisted covering what they considered an "experimental device," the burden of proof was on me (and my medical team). By persistently double-checking my policy and appealing with material on the device from respected sources and

with letters from my health-care team very specifically detailing the ways in which it helped me, I was able to get the coverage I needed.

Alison Dale was diagnosed with MS at age 15 and lives in Los Angeles, Calif., with her husband. She is a member of the Writers Guild of America West and serves on the Writers with Disabilities Committee.

### We can help

If you believe a service, device, treatment or medication was unfairly denied by your plan, the Society can help you put together an appeal. Visit [nationalMSSociety.org/insuranceappeals](http://nationalMSSociety.org/insuranceappeals) for more information, or call 1-800-344-4867 and ask to speak to an MS Navigator™.