

AAA *Bock*[®]

QUALITY FOR LIFE



Getting Insurance Coverage You Need



Speak Up For Your Rights

Understanding the rules that govern your insurance policy can be confusing, and understanding your benefits can be time consuming.

Persistence Can Pay Off

The most common insurance question from amputees is whether their insurance covers a new prosthesis. There are many reasons for a new prosthesis. Your existing one may be old or inadequate. Your residual limb may have changed, so the prosthesis doesn't fit anymore.

But your insurance plan may require a more thorough explanation than that. And without it, they can deny insurance coverage.

If coverage is denied, there are steps you can take. Work with your Prosthetist or advocate to appeal the decision. This takes time and energy. It can be confusing to understand the insurance company's rules and the language they use. It can be frustrating working through the red-tape.

Don't give up! You improve your chances of success by understanding the process.

Where To Begin

The first step is to review your health plan. Ask your insurer for a copy of the plan's Summary Plan Description. Review it closely. If there are sections you don't understand, contact your health plan and ask questions.

The Summary Plan Description tells you what services your plan will pay for, what it will not pay for and amounts you will need to pay.

Make sure you understand the following provisions of your health plan:

- Services your plan will pay for and will not pay for
- Amounts you will owe
- Referral procedures
- Payments for out-of-network services
- Who to contact if you have a dispute about coverage
- Procedures for settling disputes about coverage
- If there's a time-limit on appealing a plan's decision

If You Have A Dispute About Coverage

Some disagreements about coverage can be resolved with an informal appeal. An informal appeal may take as little as a phone call to the plan's customer relations department.

If you need to make a formal appeal, find out if there's a deadline for submitting it.

Contact your health plan and ask what steps are required to file a formal appeal. The information you will need to submit will vary by plan, but typical information includes:

- Your name, address and phone number
- Insurance plan number or group code or your Social Security Number
- Your Prosthetist's name and bill
- Any doctor referrals
- Description of the service you want covered
- Why the service should be covered
- Your Prosthetist's recommendation explaining why a C-Leg[®] is medically necessary
- Additional research that indicates that the C-Leg is more cost-effective in the long term

In some cases, your appeal will involve arbitration. This involves a neutral third party who reviews the information submitted by you and your health plan. Whether or not your appeal involves arbitration will be determined by your health plan's provisions.

In some states, you can request an independent medical review. If a review is not available, you can file a complaint against the insurance carrier to get a medical review. You can file this type of complaint through your state insurance department.

Where to Go From Here

Remember that you can be a tenacious advocate for your health. Contact your state's insurance department to find out what agencies are available to help you.

Get a written copy of your insurer's reason for denying the claim. Work closely with your Prosthetist to get the documentation you need to refute that reason.

You have rights to adequate health care. You may need to stand up and demand those rights, but your work can make a difference!

Helpful Resources

Amputee Coalition of America

www.amputee-coalition.org

Health Insurance Information

www.healthinsuranceinfo.net

National Association of Insurance Commissioners

www.naic.org

Patient Advocate Foundation

www.patientadvocate.org



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