

Kathleen Martin is an attorney with O'Donnell, Weiss & Mattei, P.C., and a newspaper columnist for The Mercury, which gave permission for this article to be reprinted.

June 27, 2006

Show 'medical necessity' to get adequate coverage

People with chronic medical conditions, or who develop a life threatening illness, do not need the added stress of learning that coverage for treatments, medications, or other medical care is being denied by their medical insurer. The most common reason for denials of coverage by insurers is that claimants have not proved "medical necessity." If you, or someone you care for, are faced with this dilemma, what can you do to help yourself?

In a recent article appearing in Elder Law Answers (www.elderlawanswers.com), Mala M. Rafik, Esquire and S. Stephen Rosenfeld, Esquire offered some tips to use when negotiating with your medical insurance company for coverage of denied claims.

- Request an explanation from your insurance company. You want to request, in writing, a detailed explanation for the action which is based on the terms and conditions of your policy or plan. Request that the specific clause in your policy which supports the insurer's actions be pointed out to you. Any internal scientific or procedural guidelines used to deny your claim should be obtained also, and provided to you in writing.
- Request a copy of your policy and read it. You will need to get a copy of your policy or plan from both your employer and your insurance company. You need the detailed booklet, not the 5 page summary or the brief summary of benefits usually provided. Make this request in writing. Your plan is a contract between you and the insurance company, the terms in the policy alone govern your relationship with the insurer. Read the policy thoroughly, looking for all relevant terms, to see if the denial was justified under the terms of the plan.
- Request a copy of your claims file. This file, which is your right to request, contains valuable information that can be used to show that the insurance company's reasons for denying your claim were wrong. Ask your treating physicians to respond the specific reasons the medical reviewers gave for denying your claim. Question the credentials of the reviewers; do they have any experience with your particular illness? Have they spoken with your treating physicians?
- Build a record. Write letters, and keep copies of all letters sent and received. Use the internal appeals process of the insurance company. Establish that the care you are requesting coverage for is not just something you want, but something you need, and is essential to your health. Keep records of all telephone calls, with names, dates and times.
- Be polite. Approaching the matter from problem-solving rather than an adversarial viewpoint can go a long way to gaining you good general advice, and may help you find a representative who will be your advocate. Somewhere in the bureaucracy is a knowledgeable employee who is willing to help.
- Draw attention to your case. Do not be afraid to go public with your issue. Write to your Senator/Representative, and ask them to contact the insurance company. Contact the press. When you have a real, pressing need for medical care, you should have access to it.
- Be tenacious. Make your presence known, politely, but do not give up easily. Let them know you will not go away until you receive the care you need. Don't be afraid to ask for help with your cause, from your doctor, a non-profit organization who deal with your condition, friends, and, if necessary, from a lawyer.