

## 5-Step Method to Drafting Winning Appeals

### **STEP 1: Stay frosty.**

Screaming at insurance companies – whether on paper in a written appeal or over the phone – does not work. You beat them by using the specific facts supporting your claim and contrasting them with the vague form letters and general medical policies relied upon by insurers.

We get it – the denial upsets you because it directly affects your ability to function. You're allowed to be upset. But take all of that energy and direct it towards creating a first-rate appeal that hits the insurance company where it hurts: in its bank account.

- Find a sympathetic friend, family member or someone on your medical team and vent to them.
- Resist the urge to tee off on your insurer.
- Take a deep breath and proceed to Step 2, which is critically important.

## **STEP 2: Ask Why.**

You cannot appeal a denial until you understand why the insurance company refuses to pay or authorize your claim. Denials fall into four general categories:

1. Medical (The device/prosthesis isn't medically necessary.)
2. Technological (The device/prosthesis is experimental or investigational.)
3. Policy Exclusion (The device/prosthesis is "deluxe" or simply not covered.)
4. Contractual (The insurer has no obligation because it does not cover you.)

While you can appeal any of these bases for denial if you believe the insurance company is wrong, the most common appeals are Medical and Technological. These are also generally the only types of appeals that give you a right to request independent review after you exhaust the insurer's internal appeal process.

So carefully review the denial letter and figure out which denial category your claim fits into. Sometimes, it seems the insurer does not even know why it's denying the claim, as the language it uses can be unclear. For example:

"There are not enough studies to show that this is better than the standard treatment."

If neither you nor your prosthetist can clearly understand what category the denial falls into, *write to your insurer and ask them for clarification*. Let us emphasize again: if you do not understand why your claim was denied, you cannot draft an adequate appeal. You have to force the insurer to clearly commit in writing so that you can attack its conclusions in your appeal.

- Can you clearly determine which category your denial fits into?
- If no, write your insurer and ask it "for the contractual basis" for its denial.

**STEP 3:**  
**Do your homework.**

Now that you understand the basis for denial, you have to assemble information that contradicts the insurer's position. If the denial falls into Category 1, you need to gather the data showing why the prescribed component or prosthesis *is* medically necessary. If the denial falls into Category 2, you need to pull together information showing that the technology at issue is *not* experimental or investigational.

Where will you find this evidence?

1. *Your health care providers' medical records* (most relevant for Category 1 denials, as your medical team should be documenting why the prescribed prosthetic intervention is medically necessary).
  - a. Prosthetist
  - b. Physician(s)
  - c. Physical Therapist
  - d. Occupational Therapist
2. *Manufacturer websites* (relevant for Category 1 denials if your medical records require more specificity or clarification; always relevant for Category 2 denials, and some manufacturers post documents on their websites specifically addressing the experimental/investigational issue).
3. *The Internet* (relevant for Category 2 denials, as clinical research and news articles can help establish that "experimental" technologies have actually been available and used for years).

After collecting this evidence, review and organize it from strongest to weakest. This will end up becoming the outline for your appeal.

- Collect relevant info from your health care team, manufacturer websites, and the internet.
- Review it carefully and understand it.
- Organize it from strongest to weakest.

**STEP 4:**  
**Summarize Why the Insurer is Wrong.**

Every appeal should start the same way:

[Insurer name] has denied my claim for a [insert prosthetic component or type of prosthesis] claiming that it is [not medically necessary or experimental and investigational]. But [insurer name] is wrong for the following \_\_ reasons:

1. [Insert reason 1]
2. [Insert reason 2], etc.

When listing the reasons the insurer has erred at the beginning of your appeal, do not provide a comprehensive discussion of the issues – simply summarize. For example:

1. **Medical Necessity.** My prosthetist's and doctor's medical records document that I have lost 35 pounds (20% of my bodyweight) since receiving this prosthesis. They also show that (a) this has led to tissue breakdown on my limb, (b) my liners no longer fit appropriately, and (c) my prosthetic foot is now too stiff for someone of my weight. Does the available clinical documentation support [insurer name]'s conclusion that a new prosthesis is medically unnecessary?

Then, in the main body of your appeal, you will revisit (a) – (c) in more detail, hammering these same points home again for the reader.

Your goal in structuring the beginning of the appeal this way is to frame the issue for the reader so that he/she can understand exactly what you are asking for and why *within 90 seconds* of starting to read your appeal.

- Write the first two sentences of your appeal as described above.
- Briefly* (less than 100 words) summarize the reasons the insurer is wrong.

**STEP 5:  
Explain it in Detail.**

Once you have completed Step 4, you have the blueprint for what the rest of the appeal will look like. The only difference is that in the main part of the appeal, you take each individual reason listed in the beginning, and you make it its own section. An example of what that might look like in outline form for a “not medically necessary” denial might look like this:

Section 1.

The available medical records show why the prescribed prosthesis is medically necessary.

Section 2.

[Insurer name]’s denial letter does not dispute a single finding in either my physician’s or prosthetist’s records.

As part of this step, make sure that you attach the relevant pages of the medical records and/or webpages to provide the reviewer easy access to the documentation supporting your arguments. And remember, if you have done Step 3 (Do Your Homework) correctly, you already have this information ready and organized for insertion into the appeal. These exhibits *prove that what you are saying is true*, so make sure to take the time to include them.

- Take each argument you summarized in Step 4 and turn it into its own detailed section of your appeal.
- Attach the supporting documentation you assembled in Step 2 as exhibits to your appeal, clearly directing readers to that information to prove to them that the statements you are making are true.

**BONUS TIP**  
**Get *The Winning Brief* by Bryan Garner**

Writing effectively is not hard. And Bryan Garner is the best person writing about how to write well. While written for lawyers, *The Winning Brief* is an easy-to-understand, highly practical book. Once you start using it, you will come back to it time and time again. Yes, it is more expensive than most books. But we promise, it is worth every penny and more. Make the investment.

- You can purchase *The Winning Brief* in hard copy [here](#), or electronically [here](#).
- No, neither Amp'd nor Dave/Peggy get a single cent from referring you to this book. We just believe it is the best resource available to help you write a more effective appeal. That's it.