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### **Out-of-network coverage: Ten tips and tricks**

You need an expensive out-of-network treatment. If you have an HMO—they will deny it. If you have a PPO—they will approve it and hardly pay anything. How can you make the insurer cover your out-of-network treatment?

1. Make sure that the out-of-network doctor/medical center takes your insurance. We can appeal to make the insurer cover out-of-network treatment. We cannot make a medical provider to accept a particular insurance.
2. Don't worry if your insurer says, "You have no out-of-network coverage," or "You're not allowed to go out of state." What insurers say is not the law.
3. Study your benefits book. Look for language around exceptions, as in: "We will cover out-of-network providers if there are no providers in the network." Use this language in your appeal.
4. If there are providers for your treatment in the network—you must prove that they are not credible options:
  - Look up his bio. How long has he been in practice?
  - Does he have any training or experience with your requested treatment?
  - Is your requested treatment his main thing—or is it just a sideline for him?
  - Has he published scientific articles about the treatment—or are all of his articles about something else?
5. Now that you have disqualified the in-network doctors—use the same four steps about to prove that your out-of-network doctor is the expert on your requested treatment.
6. Get on a busy online patient group. Put out the call and search the group for cases where your insurer has covered out-of-network treatment before. This is called "precedent"—it is a powerful part of any appeal.
7. Tell your Bad Medical Story in your appeal. Emphasize the unfortunate things that happened IN the network: misdiagnosis, wrong treatment, wrong surgery, delay of appropriate care, etc. The purpose of the story is to make the insurer say, "This is bad. Maybe we ought to just let this person go where they want to go."

What if your treatment is APPROVED out of network? Out-of-network reimbursement is so low—it is not much better than a denial. How can you make them pay more of the bill?

8. Write the exact same appeal described in tips 1-7 above.
9. I am probably the only person in the United States who appeals approvals. It's simple: They won't let us appeal it because they didn't deny it. So it's simple: I just don't call it an appeal. I call it a "request for reconsideration." Works like a charm, insurers go ahead and treat it as an appeal.
10. Prove that there are no credible options for the treatment in the network. Then tell them what you need: Most folks have much higher deductibles, co-pays, etc. on out-of-network treatment. Don't ask—tell them that all benefits need to be at the in-network level, with in-network reimbursement for your expert doctor.