

Dealing with Insurance Headaches



Nephrotic Syndrome patients have some unique challenges when dealing with insurance coverage for their treatments. Here are some tips to help you be your own best advocate when it comes to insurance headaches.

CHALLENGES



Because NS diseases are rare, the insurance approval process may be slow or lead to confusion with insurance coverage. Often, approval for some medications requires specific disease codes.



Nephrotic Syndrome is a chronic illness, and doctors often try prescribing a variety of medications until something is effective. Second opinions, ER trips, and doctor visits add to the frequency and complexity of insurance interactions.



Many treatment options are off-label and many are expensive and unfamiliar to insurance companies.

THINGS YOU CAN DO TO MAKE IT EASIER

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Become very familiar with your insurance policy. How do referrals, out of network services, prior authorizations, and off-label treatments impact your claims? Knowledge is power!

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Keep your records well-organized. This is especially important if you have to appeal a decision (and you probably will at some point).

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Ask your insurer for a dedicated case manager — this person will become familiar with your situation and will be able to answer questions for you.

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Don't panic if your claim is denied — claims processors aren't doctors (sometimes they're actually computers), so errors are common. Often, a simple phone call can clear things up. If not, you have options to appeal.

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Ask for help! Your doctor and care team, social worker, case manager, consumer health advocates, state Division of Insurance or Division of Managed Care, and nonprofits like NephCure are all available to help you.