

Supporting MS-Related Disability Claims to Private Insurers: The Physician's Role



**National
Multiple Sclerosis
Society**

What Is This Guide?

This guide was compiled by the National Multiple Sclerosis Society as an aid to health care professionals who are supporting their MS patients through the process of filing claims for private, long-term disability benefits. It is one of three publications produced under the guidance of the National MS Society's Task Force on Private Disability Insurance, an expert panel that included volunteers from the fields of law, medicine, social work, neuro-psychology and patient advocacy, as well as people with MS.

With the belief that accurate and unbiased information about disability and MS can increase understanding of the disease, elevate standards for claim evaluations, and promote realistic expectations among all stakeholders to the claims process, the Task Force advised Society staff in the preparation of key messages for each stakeholder group. The complete series, *Disability Insurance and MS: Guides for Insurers, Clinicians and People with MS* consists of the following:

- *MS and Disability: A Resource for Claims Professionals*. A thorough and up-to-date overview of current knowledge about MS (including diagnosis, disease course classification, symptoms, prognosis, treatment strategies and objective clinical assessment methods) for claims reviewers and other insurance industry personnel.
- *Private Disability Insurance Claims: A Guide for People with MS*. A consumer's guide to private disability insurance that provides step-by step guidance on how people with MS need to work with their doctors to file a well-documented initial claim. It also includes a glossary of key terms and tips for when and how to pursue legal help.
- *Supporting MS-Related Disability Claims to Private Insurers: The Physician's Role*. A guide that describes key elements

and documentation considered essential for inclusion in the supporting statement of physicians.

The complete series may be viewed on line at www.nationalMSSociety.org/planning, along with other employment-related information.

Key Concepts in Private Disability Insurance

Private disability insurance policies can vary significantly, especially the way different insurers or policies define 'disability', and the terms employed in any policy can have major implications for the policyholder's personal and family finances. Additionally, confusion between short and long-term disability, as well as the differences between private disability insurance and Social Security Disability Insurance (SSDI) are common and understandable. We have deliberately chosen to keep this manual as brief as possible, but encourage interested clinicians to consult the glossary in the manual for people with MS for definitions of common terms, as well as a thorough explanation of the claims review and adjudication process.

Short term disability insurance provides partial income replacement for differing periods of time to workers until they either return to work, or go on long-term disability. Some states mandate that employers must provide short term disability coverage, and many more offer it as a benefit to their workers or union members.

It is not unusual for people with MS to begin pursuing long-term disability benefits after having been on short-term disability and then conclude that a return to work is no longer possible. Eventually, many of them are likely to apply for Social Security Disability (SSD) as well. In fact, long-term disability policies typically *require* claimants to pursue SSD benefits after they have been receiving private disability benefits for six months.

The Society strongly urges all claimants with MS to read their policy carefully before they begin the process of filing a claim for disability benefits and to ask for help if necessary to assure they understand

its implications. It can be particularly important for your patient(s) with MS to understand the following:

1. if s/he has **short-term**, and/or **long-term disability** benefits, and if both, how they coordinate;
2. how her/his policy defines 'disability' (e.g., the inability to perform one's **own occupation**, or **any occupation**);
3. if the terms or definition of disability in the policy changes at some point, such as switching from 'own occupation' to 'any occupation' after two years;
4. how long s/he will have to wait before the benefits begin (**elimination period**);
5. how the benefit amount will be calculated, including any **offsets**; and
6. how long the benefits will last (**payment period**).

An employer's benefits personnel or insurance broker are good sources of help for you or your patients if either of you are still unsure about the meaning or implications of a certain provision in the policy.

Physician's Checklist

The forms that physicians are asked to complete to support their MS patients' LTD claims will vary, and tend to capture only the bare minimum of the documentation and professional opinion necessary to fully inform an insurer of the severity of a patient's MS-related disability. It is strongly recommended that physicians seeking to support their MS patients' claim for disability benefits include thorough documentation as listed below. Such documentation should be provided with copies of relevant sections of the medical chart, and will be most effective when accompanied by a letter to the insurer in addition to the completed claim form.

- Details of when and how the patient's definite MS was diagnosed (see enclosed McDonald Diagnostic Criteria for MS)
- Treatments they are receiving (Rx and other), why they are on them, and any/all side effects
- Treatment success/failure, including rehabilitation therapy, complementary or alternative medicine
- Any/all co-morbid conditions—any other diagnosed or suspected conditions in addition to the MS
- Secondary complications of the MS such as urinary tract infection
- Restricted activities—all activities the patient cannot do as a result of the MS (e.g., sit or walk for extended periods, operate a keyboard)
- Limited activities—any activities the patient is advised to limit (e.g., "OK to drive, but not at night")
- The presence and status of any of the following symptoms:
 - Balance problems
 - Neuro-cognitive decline

- Problems with mood
- Fatigue
- Weakness
- Poor coordination
- Paralysis
- Unstable walking
- Numbness, tingling or other sensory disturbance
- Increased muscle tension or spasms (spasticity)
- Bladder problems
- Bowel problems
- Sensitivity to heat
- Pain
- Visual problems
- Speech, communication problems
- Shaking, tremor
- Swallowing problems
- Difficulty breathing

In addition, it is recommended that the following be addressed in the physician's supporting statement:

- The frequency of visits to you or other treating clinicians and the reason(s) for them
- Your assessment of the patient's desire to continue working, if not for the severity of his/her MS symptoms
- If the patient has impaired cognition, your assertion that it is the result of the disease process rather than a mental health condition
- Your assertion that all opinion you have provided is based on your clinical and ongoing assessment of the patient

The McDonald Diagnostic Criteria for MS (revised 2005)

| Clinical Presentation | Additional Data Needed for MS Diagnosis |
|--|--|
| 2 or more attacks; objective clinical evidence of 2 or more lesions | None |
| 2 or more attacks; objective clinical evidence of 1 lesion | Dissemination in space, demonstrated by: <ul style="list-style-type: none"> • MRI OR <ul style="list-style-type: none"> • 2 or more MRI detected lesions consistent with MS plus positive CSF OR <ul style="list-style-type: none"> • Await further clinical attack implicating a different site |
| 1 attack; objective clinical evidence of 2 or more lesions | Dissemination in time, demonstrated by: <ul style="list-style-type: none"> • MRI OR <ul style="list-style-type: none"> • Second clinical attack |
| 1 attack; objective clinical evidence of 1 lesion (monosymptomatic presentation; clinically isolated syndrome) | Dissemination in space, demonstrated by: <ul style="list-style-type: none"> • MRI OR <ul style="list-style-type: none"> • 2 or more MRI-detected lesions consistent with MS plus positive CSF AND Dissemination in time, demonstrated by: <ul style="list-style-type: none"> • MRI OR <ul style="list-style-type: none"> • Second clinical attack |

The McDonald Diagnostic Criteria for MS (revised 2005) continued

| Clinical Presentation | Additional Data Needed for MS Diagnosis |
|---|--|
| Insidious neurological progression suggestive of MS | One year of disease progression (retrospectively or prospectively determined) AND <ul style="list-style-type: none">• Two out of three of the following:<ul style="list-style-type: none">a. Positive brain MRI (9 T2 lesions or 4 or more T2 lesions with positive visual evoked potentials);b. Positive spinal cord MRI (two or more focal T2 lesions);c. Positive CSF |

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MS STOPS PEOPLE FROM MOVING.

**WE EXIST
TO MAKE SURE
IT DOESN'T.**

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