



APPENDICURE

Insurance Survival Guide for Appendix Cancer Patients

What every rare cancer patient should know

By Amanda Moore
Founder, Appendicure

Appendix cancer patients often face insurance barriers that people with common cancers rarely encounter. The system is complex, and many patients don't realize what options exist when claims are denied.

This guide outlines the most important steps you can take to protect access to care.

1. Ask for a Case Manager Immediately

Many insurance companies offer **complex case management** for serious or rare illnesses, but patients are rarely told about it.

Call your insurer and ask for:

- **Complex case management**

- **Rare disease case management**
- **Oncology case management**

A dedicated case manager can help coordinate approvals and navigate the system.

2. Confirm Prior Authorizations

Many treatments require **prior authorization**, including:

- surgery
- chemotherapy
- imaging
- specialist visits

Always confirm:

- authorization is approved
- the authorization number is documented
- the provider has the approval on file

If treatment happens before authorization is approved, insurance may deny payment.

3. If No Specialist Is In-Network, Ask for an Exception

Appendix cancer specialists are concentrated at major academic centers.

If your insurance plan does not include a qualified specialist in-network, ask about:

- **Network adequacy exception**
- **Single-case agreement**

- **Gap exception**

These can allow **out-of-network treatment at in-network costs**.

4. Appeal Every Denial

Insurance denials are common, but many are reversed.

Steps to take:

1. File a formal appeal
2. Request the insurer's written explanation
3. Submit supporting medical documentation
4. Request an independent external review

Many patients win coverage after appealing.

5. Know the Facts About HIPEC

CRS/HIPEC is a common treatment for certain appendix cancers.

Two important facts:

- The FDA does not approve surgical procedures
- Coverage policies vary by insurer

If HIPEC is denied as "experimental," request a detailed explanation and submit supporting clinical evidence during the appeal.

6. Use Your State Insurance Department

If appeals fail, you can file a complaint with your state Department of Insurance.

State regulators can investigate claims and require insurers to review decisions.

This process is free and often effective.

7. Understand Your Out-of-Pocket Maximum

Every health plan has a maximum out-of-pocket limit.

Once you reach that amount, insurers must cover “covered services” at 100% for the rest of the plan year.

For major treatments, scheduling care within the same plan year may reduce financial burden.

8. Employer Plans May Follow Different Rules

Insurance provided through an employer may be governed by ERISA, a federal law.

These plans may follow federal appeals processes instead of state insurance oversight.

If your plan is employer-sponsored, ask which appeals process applies.

Keep Records

Create a simple log of every interaction with your insurer.

Record:

- date and time
- representative name
- summary of what was discussed
- reference or case number

Documentation is essential if disputes arise.

Helpful Resources

- **Patient Advocate Foundation**
patientadvocate.org
- **Triage Cancer**
triagecancer.org
- **ClinicalTrials.gov**
clinicaltrials.gov
- **National Comprehensive Cancer Network (NCCN)**
nccn.org
- **Your State Department of Insurance**

Need Help?

Appendicure connects appendix cancer patients with resources, information, and advocacy support.

www.appendicure.com

<https://facebook.com/group/appendicure>