

# If your pet insurance partially denied your rehab claim...

*A fellow pet parent shares what worked*

If your dog or cat is receiving veterinary rehabilitation and your insurer has partially denied a claim — paying for some of the session but carving out a portion as “*massage*” or “*alternative and holistic treatment*” — you’re not alone, and you have options.

## THE MOST IMPORTANT THING TO KNOW

If your policy expressly covers *physical therapy* and *laser therapy* (often listed under a Rehabilitation or Supplemental Benefit), your integrated rehab session is very likely covered, depending on your specific policy text. **In many cases carriers reverse the carveout when it’s challenged in writing — in my case, all three of my denials were reversed.**

## YOU MIGHT BE IN THIS SITUATION IF...

- Your insurer pays **most** of each rehab session but carves out 20–30%
- The denied portion is labeled “**massage**” or “**alternative and holistic treatment**”
- The same denial repeats week after week, even though no separate massage was performed
- Your invoice from the rehab practice is a **single line item** (e.g., “Rehab + UWTM”) with no separate massage charge

## What you can do

### 1 Read your policy carefully

Pay attention to the *Rehabilitation / Physical Therapy* coverage section, the definition of “*Alternative and Holistic Treatment,*” and any *proration* provision. The full policy is on your member portal.

### 2 Look at your EOB closely

Identify the exact denied amount, the exclusion section cited, and how it was calculated. In my case, the carveout was a flat percentage not tied to anything specific in my records — check whether the same is true of yours.

### 3 File a written formal appeal

Call your insurer’s customer service line first to confirm the appeals process — ask which appeal form (if any) they require, where to submit it, and what supporting materials they want included. Then file a written appeal that cites the specific policy sections that *cover* the services performed and explains how the denial misclassifies them. *See the QR code on the back for the actual appeal letter I used, as a reference example.*

### 4 Ask your rehab vet for a supporting letter

A letter on practice letterhead, attesting that what’s documented as “manual therapy” is the canonical components of physical rehab (not a separable “massage”), substantially strengthens the appeal. *The QR code on the back also includes the supporting letter I drafted, which my rehab vet reviewed and endorsed.*

*Continued on the other side* → *What to do if your first appeal is denied, where to find help, and what happened in my case.*

## If your first appeal is denied...

### 5 Escalate to the Independent Third-Party Veterinarian (ITPV)

Most policies provide for second-level review by an outside veterinarian on questions of “*medical nuance*.” Whether manual contact is separable from the covered rehab modalities is exactly that kind of question.

### 6 File a complaint with your state insurance regulator

Even if your appeal succeeds, regulators care about *patterns*. A short complaint contributes to market-conduct oversight that, over time, can shift carrier behavior across the industry. It’s free and doesn’t require a lawyer.

#### WHERE TO FIND HELP

**Maryland Insurance Administration:** 1-800-492-6116 · [insurance.maryland.gov](http://insurance.maryland.gov)

**Washington Office of the Insurance Commissioner:** 1-800-562-6900 · [insurance.wa.gov](http://insurance.wa.gov)

**Other states:** Search “[*your state*] insurance commissioner complaint”

**NAIC consumer directory:** [naic.org/consumer.htm](http://naic.org/consumer.htm)



#### MY LETTERS AS A REFERENCE

Scan to view my redacted appeal letter & vet-endorsed supporting letter

## A real example: Gatsby’s story



Gatsby

#### MY CASE

### Three weekly claims. Three identical denials. One successful appeal.

Gatsby has been with me since 2014. In April 2026, an MRI showed disc protrusions in his lower spine; degenerative myelopathy is part of my vet’s working diagnosis. We started weekly rehab at a board-certified veterinary rehabilitation practice: underwater treadmill, laser, stretching, and joint mobilization, under a board-certified rehab veterinarian.

The first two claims were paid in full. Then my insurer carved out a flat 25% of each subsequent session as “massage” — three identical carveouts in a row. I filed a formal appeal citing the policy sections that cover the services performed. The insurer reversed all three denials.

#### A PERSONAL NOTE — WHY I’M SHARING THIS

*When our pets get seriously sick, it is one of the hardest things to go through with someone we love. Veterinary teams help us through these vulnerable moments as much as they can — and it is painful that some market practices extract small amounts of money from families in this position. I share this with no personal gain. I share it because I want the experience Gatsby and I are going through to mean something a little more than just our own story — to let the love we share reach a little further than we ever possibly can on our own.*

**Shared by Yuxin Zhu, a fellow pet parent — one pet parent to another.**

**Informational only, not legal or insurance advice.** Every policy and situation is different. For questions about your specific policy or claim, contact your insurer, your state insurance regulator, or an attorney. If you received this pamphlet from a veterinary practice or another organization, it was not written or endorsed by them; they are sharing it as a courtesy resource and take no position on any specific carrier. Their role is your pet’s clinical care.