# Redacted Appeal Letter & Supporting Letter

## Informational reference for other pet parents — not a template to copy

## Redacted Appeal Letter & Supporting Letter

*Informational reference shared by Yuxin Zhu (Daisy), a fellow pet parent who used these letters to successfully overturn the partial denial of three weekly canine rehabilitation claims. All other personal and identifying information has been removed — including the names of the pet, the treating veterinarians, the rehabilitation practice, the veterinary imaging practice, and the insurance carrier and underwriter.*

*See the end of this document for a QR code linking to the source location of this resource, where you can find the most current version.*

### Please read first — this is NOT a template

These letters are shared **for informational purposes only**. They are not a template to be copied verbatim, and they do not constitute legal or insurance advice.

Every pet insurance policy is different. Every pet's clinical situation is different. The arguments in these letters turn on the specific structural features of *this* policy — an Annual Accident & Illness plan with a Rehabilitation Supplemental Benefit elected, containing an enumerated list of covered rehabilitation services, a definition of "Alternative and Holistic Treatment," and a proration provision restricted to multi-Condition invoices. **If your own policy doesn't have the same structural features, the specific arguments here may not apply at all.** And every clinical situation has its own facts that must be the basis of any appeal.

Use these letters as a learning reference to understand:

- How one appeal was structured
- What kinds of arguments can be made
- What kinds of supporting documentation can help
- What escalation pathways exist if a first-level appeal is denied

Then go back to your own policy and your own situation and build something specific to your case — ideally with help from your insurer's customer service line, your state insurance regulator, or a licensed attorney.

### Personalization markers

Throughout the letters below, you will see markers in this format, shown with yellow highlighting in the document:

**[CUSTOMIZE: brief instruction]**

These appear at the start of each section to flag what is case-specific about that section and what you would need to substitute or rewrite. They are not places to "fill in your information" verbatim — they are reminders that the surrounding text is built around facts specific to one case and must be rebuilt around facts specific to yours.

A few examples:

- A diagnoses paragraph in the appeal letter is specific to one particular dog's diagnoses. The CUSTOMIZE marker reminds you to describe *your pet's* diagnoses.
- A policy section number like "§2.B.3" is from one specific carrier's policy. The CUSTOMIZE marker reminds you that your policy has different section numbers (and possibly a different structure altogether).
- The "prior claims paid" section is specific to a fact pattern where the carrier paid two earlier claims before changing posture. If your carrier denied from the start, that whole section doesn't apply.

The most reliable way to use these letters is: **read them once for structure, then close them and start over from your own policy and your own records.** Don't try to edit copies of these letters; build your own from scratch using what you learned.

## Important disclaimers

**The author of these letters is not an attorney and is not licensed to give insurance advice.** These letters are shared from personal experience with a pet insurance dispute. They are not professional advice of any kind. Before using anything here in your own appeal, contact your insurer, your state insurance regulator, or a licensed attorney for advice on your specific situation.

**Quoted policy text appears throughout these letters.** The quoted text is from the author's own pet insurance policy (which the author is a party to) and is reproduced in limited amounts solely for the purposes of commentary, criticism, and analysis of how the policy was applied to those claims. Your policy is a different document with its own text; the specific section citations here will not match your policy.

What may transfer regardless of carrier or policy:

- The general structure: lead with the policy's covered-services list, show that the services in question fall within it, address why the claimed exclusion doesn't apply, address proration mechanics, and request reprocessing
- The value of obtaining a supporting letter from the treating rehabilitation veterinarian to attest to the clinical nature of the services
- Awareness of the escalation pathway (second-level review by an Independent Third-Party Veterinarian, then regulatory complaints) if the first-level appeal is denied

For questions about your specific policy, contact your insurer, your state insurance regulator, or an attorney.

## Part 1 — Appeal Letter (Redacted)

**[CUSTOMIZE: this entire letter was written for one specific case. Read it to understand the structure, then build your own letter from your own policy text and your own clinical records. Do not copy-paste this letter and fill in your details — that won't produce an appeal that addresses your situation.]**

**[Policyholder Name]**

**[Address Redacted]**

**Date:** [Date]

**To:** [Carrier's Appeals Department] [Carrier's mailing address] [Carrier's appeals email]

**Re:** Appeal of Claim #[1] (Date of Service [DOS-1]) and Related Claims

Policyholder: **[Policyholder Name]** | Policy #[Policy #] | Pet: **[Pet]**

Provider: **[Rehabilitation Practice]**

Related claims subject to the same determination:

- Claim #[1] — Date of Service [DOS-1] — Invoice **[Invoice A]** (primary appeal claim)
- Claim #[2] — Date of Service [DOS-2] — Invoice **[Invoice B]**
- Claim #[3] — Date of Service [DOS-3] — Invoice **[Invoice C]**

**[CUSTOMIZE: replace with your own claim numbers, dates of service, and invoice numbers — only include claims that are actually subject to appeal and where the denial pattern is the same.]**

I am appealing the partial denial of Claim #[1] (Date of Service [DOS-1]). The claim is for the pet's rehabilitation at **[the rehabilitation practice]**, an ongoing structured course of treatment for non-compressive disc protrusions/IVDD (T12–S1) established by neurodiagnostic MRI workup, with degenerative myelopathy forming part of the treating veterinarian's working diagnosis. Symptom onset, MRI workup, and rehabilitation onset all fall well within the policy period (policy in force continuously since the relevant policy effective date, after any waiting period). The Carrier applied an identical denial pattern to two subsequent claims for the same course of rehabilitation treatment (Claim #[2] and Claim #[3]), in each case carving out a portion of the rehabilitation charge and denying it under §9.C.12 / §10.C of the policy (Alternative and Holistic Treatment) as "Massage."

**[CUSTOMIZE: replace the diagnoses, the diagnostic dates, the diagnostic workup details, and the policyholder-since date with your own. Confirm the exclusion section citations against your own policy (sections will differ).]**

A Carrier customer service representative confirmed by telephone that the determination on this appeal will be applied to the subsequent claims arising from the same course of treatment. I therefore request that the relief granted on this appeal be applied to all three claims (and any further claims for the same ongoing rehabilitation course).

**[CUSTOMIZE: omit this paragraph entirely if you have not had a documented conversation with a customer service representative who confirmed this. Don't claim something that isn't true on your record.]**

This appeal turns on a single proposition: §2.B.3 of the policy — the "Rehabilitation, Acupuncture, and Chiropractic Care" Supplemental Benefit included on this policy — defines covered services to include "treadmill therapy, laser therapy, therapeutic exercises, range of motion exercises, stretching, joint mobilization, gait training," and other enumerated modalities. These are precisely the components the rehabilitation practice performs and documents at each session billed under "Rehab + UWTM." The denied services are those the policy text expressly enumerates as covered. The underlying clinical question — whether the manual contact within an integrated rehabilitation session is separable from those covered modalities or intrinsic to delivering them — is a medical nuance question on which the treating rehabilitation veterinarian's documentation is dispositive. The burden of demonstrating that the §9.C.12 / §10.C exclusion applies rests with the Carrier as the party invoking it.

**[CUSTOMIZE: this entire thesis depends on your policy having a Rehabilitation Supplemental Benefit with an enumerated covered-services list that matches the services your vet provided. Look up your policy's analogous provision (section number will differ). If your policy doesn't have such a provision, this thesis doesn't apply and you'll need a different framing.]**

## 1. The Carrier's prior application of this policy to the same course of treatment was consistent with coverage

**[CUSTOMIZE: this entire section only applies if your carrier paid earlier claims in the same course of treatment before changing posture. If they denied from the start of treatment, remove this section entirely. If they paid earlier claims, substitute your specific invoice numbers, dates, and clinical details.]**

The Carrier previously paid two claims in this same course of rehabilitation treatment in full at policy coinsurance, without invoking §9.C.12 / §10.C or applying any §6.F carveout for "massage": the initial rehabilitation evaluation and the first follow-up rehabilitation session. Across all five sessions, the relevant facts are identical: same provider (the rehabilitation practice), same billing description ("Rehab + UWTM"), same diagnoses (DM and IVDD), same directing rehabilitation veterinarian, same prescribed plan of care, and clinical records of materially identical structure (examination, manual assessment, manual therapy, Class IV laser, underwater treadmill).

The denial pattern beginning with Claim #[1] is inconsistent with how the Carrier's own claims handlers read and applied the policy to the two immediately preceding sessions. No factual or policy change between those earlier sessions and the appealed sessions justifies the different treatment, and none exists in the clinical record. While §6.H reserves the Carrier's right to apply the policy individually to each claim, the inconsistent application is

probative of the natural reading of the policy text — a reading that does not place these rehabilitation services within the §10.C exclusion.

## 2. The invoices contain no separately billed massage charge

> **[CUSTOMIZE: this section requires that your invoices show a single integrated charge with no separate "massage" line item. Confirm your invoice format. If your vet itemizes the manual therapy as a separate billed line, this argument needs to be reworked.]**

Each invoice from the rehabilitation practice for the three sessions lists a single billed service: "Rehab + UWTM". There is no separately invoiced massage charge on any of the three invoices. The treating provider — a specialty veterinary sports medicine and rehabilitation practice — documented and billed the service under that description for management of DM and IVDD. That billing classification, made by the credentialed provider who actually performed the service, is the documentary classification of record. The amounts denied by the Carrier were generated by §6.F proration of unitemized invoices and then administratively reassigned to a "Massage" category that was not separately performed or billed, contrary to the provider's documentation.

## 3. The services rendered are integrated physical rehabilitation for diagnosed neurological conditions, delivered under a credentialed rehabilitation veterinarian's direction

> **[CUSTOMIZE: substitute the description of your rehabilitation practice and its credentials, your pet's diagnoses, the dates and locations of diagnostic workup, your specific clinical record details, and the specific components and parameters documented in your records. The bullets and quotes below describe one specific case; yours will be different.]**

The rehabilitation practice providing care is a veterinary sports medicine and rehabilitation specialty practice staffed by ACVSMR diplomates and certified rehabilitation veterinarians and technicians. The pet's rehabilitation course manages non-compressive disc protrusions/IVDD (T12–S1) — established by neurodiagnostic MRI workup at a veterinary neurology and imaging practice (interpreted by a board-certified veterinary radiologist with DACVR-DI credentials) — with degenerative myelopathy forming part of the treating veterinarian's working diagnosis. Both fall within covered Conditions under the policy. Symptom onset and diagnostic workup both occurred well within the policy period.

The course is directed by a Certified Canine Rehabilitation Veterinarian (CCRV) holding additional certifications in canine rehabilitation specialty practice, and is delivered either by the directing veterinarian personally or by Certified Canine Rehabilitation Assistants (CCRA) under her direct supervision — satisfying §4.D's requirement that treatments be "provided by either a Veterinarian with the necessary training and experience or staff under a Veterinarian's direct supervision." The clinical records for each of the three appealed sessions document the same protocol; the records for two of the three sessions explicitly state "Continue the current plan of care as directed by [the directing

veterinarian]," confirming each session is part of one prescribed treatment plan, not three independent services.

The record for the primary claim under appeal documents the following components, consistent with the protocol across all three appealed sessions:

- **Manual Therapy** — soft tissue tension assessment, trigger point release, and passive/active stretching directed at specific anatomical regions identified on examination
- **Class IV Laser Therapy** — applied at 6–10 J/cm$^2$ to anatomical sites identified on each session's manual examination (cervical-LS spine and nerve pathways on the primary appeal date; expanded in subsequent sessions as additional regions were identified)
- **Underwater Treadmill** — approximately 8–9 minutes at 0.5–0.6 mph, 8" water height on the primary appeal date (duration and water height adjusted across subsequent sessions to the patient's tolerance and progress)

These are the components of canine physical rehabilitation, and they map directly onto the policy's enumerated covered services. The §2.B.3 Supplemental Benefit — included on this policy — defines covered "Rehabilitation, Acupuncture, and Chiropractic Care" to be "limited to acupuncture, electro-acupuncture, chiropractic, e-stim therapy, treadmill therapy, laser therapy, therapeutic exercises, range of motion exercises, stretching, joint mobilization, gait training, therapeutic ultrasound therapy, cryo therapy, and heat therapy." The components billed under "Rehab + UWTM" — treadmill therapy, laser therapy, therapeutic exercises, range of motion, stretching, joint mobilization, gait training — are the components the policy text expressly enumerates as covered.

That the treatment goals include preserving mobility, function, and comfort does not convert covered rehabilitation into wellness or holistic care: symptom-directed management of diagnosed disease (analgesia, anti-inflammatories, insulin) is uniformly covered medical care regardless of whether the goal is curative.

## 4. The "Manual Therapy" component is the §2.B.3 covered services under a different label

> **[CUSTOMIZE: this content-mapping argument needs to be rebuilt around the actual language in YOUR clinical records, mapped against YOUR policy's enumerated coverage. The specific quotes below are from one specific case's clinical record.]**

The "Manual Therapy" component documented in the rehabilitation practice's clinical records is not a separate, excludable service category. Its documented content — "Soft tissue tension and TrP release followed by passive and active stretching directed at specific anatomical regions identified on examination" (clinical record of primary appeal date) — consists of activities the §2.B.3 Supplemental Benefit expressly enumerates as covered:

- "Passive and active stretching" is "stretching" and "range of motion exercises" — both explicitly named in §2.B.3 as covered services.

- "Soft tissue tension release directed at specific anatomical regions identified on examination" is "joint mobilization" — named in §2.B.3 as a covered service.
- Trigger point identification and resolution within the same hands-on contact is a palpation-directed application within "therapeutic exercises" as practiced. The primary appeal date clinical record explicitly documents "Trigger point noted right proximal sartorius–resolved with tx," showing no temporal or procedural separation between assessment and intervention.

The label "Manual Therapy" in the clinical record is an organizing convention for an integrated rehabilitation session, not a separate billed or separately performed service. Re-categorizing these activities as "massage" for purposes of denial does not change what they are. Manual therapy is also a defined core competency of the CCRV and CCRT certification curricula — part of how credentialed rehabilitation providers are trained to deliver the covered modalities. And manual contact is intrinsic to delivering the other §2.B.3 covered modalities as well:

- Class IV laser cannot be applied without palpation to locate the anatomical sites. The lasered regions documented across these sessions (variously including cervical paraspinals, upper thoracic paraspinals, lats, epaxial muscles, nerve pathways, and proximal sartorius/quads) correspond precisely to the regions where soft tissue tension was identified by manual examination in the same session.
- Underwater treadmill therapy requires manual handling for entry/exit, harness/float management, and within-session adjustments. The second appealed session's record documents application of a figure-8 band and tactile cueing with a brush to the right rear limb during the UWT session — both manual interventions integral to the covered modality.

A reading of §10.C that re-labels the §2.B.3 covered services — stretching, joint mobilization, range of motion exercises, therapeutic exercises — as "massage" and excludes them on that basis eliminates the §2.B.3 coverage by relabeling. The only coherent reading is that the manual therapy documented in the rehab record is part of the §2.B.3 covered service, not a separately excludable line item.

## 5. The defined term "Alternative and Holistic Treatment" does not capture manual therapy within physical rehabilitation

> **[CUSTOMIZE: this argument requires your policy to have a Definitions provision establishing the meaning of "Alternative and Holistic Treatment" (or similar). Look up your policy's Definitions section to confirm. The exact list of modalities below is from one specific policy; yours will likely differ in specifics.]**

Section 10.C of the policy is the Definitions provision that establishes the meaning of "Alternative and Holistic Treatment" — the category that §9.C.12 excludes. Because the term is defined, the §10.C definition controls the scope of the exclusion. Its enumerated list — "homeopathy, osteopathy, herbal remedies, aromatherapy, kinesiology, reiki, reflexology, prolotherapy, ozone therapy, acupoint, acupressure, aquapuncture, massage,

neoplasene, alpha-stim, stem cell, shockwave, electromagnetic therapy, and PEMF" — is uniformly composed of standalone alternative and holistic modalities. In that company, "massage" refers to standalone massage therapy as a wellness or alternative practice, not the manual contact intrinsic to delivering physical rehabilitation for diagnosed neurological disease.

This is the only reading that gives coherent effect to the policy. The Carrier's reading swallows its own §2.B.3 coverage of stretching, joint mobilization, range of motion exercises, and therapeutic exercises — all of which unavoidably require manual contact. If "massage" in §10.C is read to capture any manual contact within a rehabilitation session, then §10.C eliminates the §2.B.3 coverage entirely. No insurance contract can be read to have one provision nullify another's express grant of coverage. The two provisions reconcile only if "massage" means standalone alternative-modality massage, not manual therapy within an integrated rehabilitation session for a diagnosed, covered condition.

## 6. Section 6.F proration is categorically inapplicable to these claims

> **[CUSTOMIZE: this argument requires your policy's proration provision to be restricted by its text to multi-Condition invoices. Look up your policy's proration provision and read it carefully. If the text doesn't have that restriction, this argument doesn't apply.]**

Section 6.F provides for proration of invoiced items "applicable to both a covered and non-covered Condition." By its terms — and by the §10.K definition of "Condition" ("Any disease, disorder, sickness, Illness, Injury, abnormality, and/or syndrome") — §6.F applies to invoices covering multiple Conditions where some are covered and others are not. All three appealed claims treat a single course of care for two covered Conditions (DM and IVDD). There is no non-covered Condition on these invoices to prorate against. Section 6.F is categorically inapplicable; it is not a general authorization to carve out service classifications within a single covered Condition.

In the alternative, I am separately working with the rehabilitation practice to obtain itemized re-bills showing the individual cost of each component. If provided before this appeal is adjudicated, I will forward them; itemization would independently render §6.F inapplicable on its own terms.

## Request

> **[CUSTOMIZE: substitute your own claim numbers and your own policyholder tenure. Confirm any specific written confirmations you reference are documented in your record.]**

The burden of demonstrating that the §9.C.12 / §10.C exclusion applies rests with the Carrier as the party invoking it. That burden has not been carried: the invoices contain no separately billed massage charge; the services map onto the §2.B.3 enumerated covered list; the treating CCRV documented and billed the service as "Rehab + UWTM" for diagnosed DM and IVDD; and the Carrier paid two earlier sessions in this course of treatment without invoking the exclusion.

I respectfully request that the Carrier reprocess Claim #[1], Claim #[2], and Claim #[3] and reimburse the denied portions at the policy coinsurance rate, consistent with the customer service representative's confirmation that the determination on this appeal will apply to all three claims. I further request written confirmation that the determination will apply prospectively to subsequent sessions in this ongoing course of rehabilitation.

In the alternative, if the Carrier maintains that proration applies, I request that any prorated portion be reallocated across the covered components of the rehab session rather than to a non-existent massage line item, and that the Carrier disclose in writing within the appeal response (a) the specific dollar amount allocated to "massage" on each claim and (b) the methodology used to arrive at that figure.

I have been a policyholder with this Carrier for several years and have not previously encountered this denial pattern. The pet's rehabilitation is ongoing, so the resolution of this appeal will affect the handling of future claims for the same course of treatment.

If this appeal is denied, I intend to request review by the Independent Third-Party Veterinarian under §6.G. The central clinical question — whether manual contact is separable from delivery of the §2.B.3 covered modalities — is a medical nuance question within the ITPV's purview. If that review does not resolve the matter, I am prepared to file complaints with the relevant state insurance regulators (in the state of policyholder residence and in the underwriter's state of domicile).

> **[CUSTOMIZE: substitute your own state regulators. Confirm your state has an ITPV-equivalent in its policy structure before referencing it.]**

### Attachments

- Invoices from the rehabilitation practice for the three rehabilitation sessions
- Explanations of Benefits for Claim #[1], Claim #[2], and Claim #[3]
- Clinical summaries from the rehabilitation practice for all three rehabilitation sessions, documenting diagnosis, provider credentials, and treatment components
- Supporting letter from the treating Certified Canine Rehabilitation Veterinarian
- Complete medical records for the pet (per Section 3 of the appeal form)

Thank you for your review.

Sincerely,

**[Policyholder]** Policyholder

## Part 2 — Supporting Letter from the Treating Rehabilitation Veterinarian (Redacted)

> **[CUSTOMIZE: this entire letter must be drafted by YOUR treating rehabilitation veterinarian, based on THEIR direct clinical knowledge of YOUR pet. The text below is from one specific veterinarian's letter, reproduced here as one example of what a supporting letter might cover.**

**Your vet's letter will be different in every clinical detail — every patient, every diagnosis, every date, every clinical observation. Do not give this letter to your vet as a template to fill in; give it to them as one example, and let them write something authentic to your case.]**

*Drafted by the policyholder, reviewed and endorsed by the treating Certified Canine Rehabilitation Veterinarian, and signed on the rehabilitation practice's letterhead. Personal client identifiers, the patient identifier, the practice identifiers, and the carrier's identifying information have been redacted; clinical content is intact.*

**[Confirm the rehabilitation practice's permission before posting publicly — see notes at end]**

**Date:** [Date]

Patient: **[Pet]** Client: **[Policyholder]**

**To:** [Carrier's Appeals Department] [Carrier's mailing address] [Carrier's appeals email]

**Re:** Appeal of Claim #[1] and Related Claims (three sequential dates of service)

Patient: **[Pet]** (Clinical #**[Patient ID]**) Client: **[Policyholder Name]** | Policy #[Policy #]
Invoice numbers: **[Invoice A]**, **[Invoice B]**, **[Invoice C]**

**To Whom It May Concern:**

I am writing in support of the policyholder's appeal regarding the partial denials applied to a series of rehabilitation claims for her dog. The three claims at issue reflect successive sessions within a single ongoing course of physical rehabilitation that I am directing. I would like to clarify the clinical nature of the services rendered.

## Clinical context

The patient is a senior dog under our care for management of Degenerative Myelopathy and non-compressive disc protrusions/IVDD (T12–S1). His rehabilitation plan is structured to preserve mobility, manage soft tissue compensations secondary to ataxia and paraparesis, and maintain quality of life. This is physical rehabilitation for diagnosed, progressive neurological conditions — not wellness, maintenance, or alternative medicine.

## Provider and practice

The rehabilitation practice is a veterinary sports medicine and rehabilitation specialty practice. Our rehabilitation services are delivered by veterinarians and technicians with formal certification in canine rehabilitation (CCRV, CCRT, CCRP, CCRA). I personally hold DVM, CCRV (Certified Canine Rehabilitation Veterinarian), CVMMP (Certified Veterinary Medical Manipulation Practitioner), and CVFT (Certified Veterinary Food Therapist) credentials, and I direct the patient's plan of care.

The three sessions at issue were delivered as follows, each following the same protocol that I have prescribed for the patient's diagnosed conditions:

- First appealed session — a Certified Canine Rehabilitation Assistant (CCRA), under my direct supervision
- Second appealed session — a Certified Canine Rehabilitation Assistant (CCRA), under my direct supervision
- Third appealed session — myself (the directing rehabilitation veterinarian)

All sessions were performed under my direct supervision as the directing rehabilitation veterinarian, consistent with the policy requirement that treatment be provided by a veterinarian or staff under a veterinarian's direct supervision.

## What each rehabilitation session consists of

Each session billed under "Rehab + UWTM" on the patient's invoices is a single integrated physical rehabilitation visit. The clinical summary from the primary claim under appeal is representative of the structure of these visits, all of which are delivered under my direction and follow the protocol I have prescribed. The components, all documented in the clinical record, are:

1. **Examination and manual assessment** — gait, posture, spinal palpation, thoracic and pelvic limb range of motion, and identification of soft tissue tension and trigger points.
2. **Manual therapy** — targeted soft tissue tension release, trigger point release, and passive and active stretching directed at the specific anatomical regions identified on examination (cervical and upper thoracic paraspinals, neck/shoulder blends, triceps, pecs, upper quads/proximal sartorius). These activities are how stretching, range of motion exercises, and joint mobilization are actually performed in canine physical rehabilitation. They are the canonical components of physical rehabilitation — not adjunct or alternative practices — and are taught as core competencies in CCRV and CCRT certification curricula.
3. **Class IV laser therapy** — applied at 6–10 J/cm$^2$ to the anatomical sites identified on each session's manual examination. Sites lasered across the patient's sessions have included cervical-LS spine, paraspinals, lats, epaxial muscles, nerve pathways, and carpal joints, depending on the regions of tension found on that visit. The sites lasered at any given session correspond directly to those identified on that session's manual assessment.
4. **Underwater treadmill** — typically 10–15 minutes at controlled speed and water height, adjusted to the patient's tolerance and progress.

## Manual contact is intrinsic to the covered modalities

The most important clinical point I want to convey is this: the manual therapy component documented in the patient's clinical records is itself physical rehabilitation as practiced — stretching, joint mobilization, palpation-directed soft tissue work, and range of motion work performed by hand. It is not an adjunct to physical rehabilitation; it is how physical rehabilitation is delivered. The same manual contact is also unavoidably required to deliver laser therapy, therapeutic exercise, and underwater treadmill therapy as those services are actually performed. Without manual contact, none of these treatments can be performed.

Specifically:

- **Laser therapy requires manual palpation as part of its delivery.** Class IV laser is applied to specific anatomical sites (paraspinals, epaxial muscles, nerve pathways, joints). These sites are not located by reading off a chart — they are located by hand on each individual patient at each individual session, because the regions of clinically relevant tension and pain vary visit-to-visit. The lasered regions documented in the patient's records correspond directly to the regions of soft tissue tension I or my technicians identified by palpation in the same session.
- **Therapeutic exercise and stretching are, by definition, manual.** Passive range of motion and assisted active stretching require the clinician's hands to move and stabilize the patient's limbs. There is no version of these covered therapies that does not involve manual contact.
- **Underwater treadmill therapy requires manual handling throughout.** Patients must be lifted in and out of the unit, supported with harness and float, and observed and adjusted during the session. For this patient specifically, one of the appealed-session records documents application of a figure-8 band and tactile cueing with a brush to the right rear limb to address knuckling — both manual interventions that are part of safe and effective UWT delivery.
- **Assessment and treatment are not temporally separable in this clinical context.** When palpation identifies a trigger point or area of tension, it is addressed within the same hands-on contact. The primary appeal date record documents this directly: "Trigger point noted right proximal sartorius–resolved with tx." Asking the clinician to separately bill the palpation as one service and the resolution as another would mischaracterize what is, clinically, a single integrated act.

This is materially different from the standalone alternative modalities enumerated in policy §10.C (homeopathy, reiki, reflexology, aromatherapy, etc.), which are performed independently of any other treatment and are based on non-mainstream theoretical frameworks. The manual component of the patient's rehabilitation sessions is, in clinical reality, the canonical components of physical rehabilitation (stretching, joint mobilization, range of motion work) performed within an integrated session for his diagnosed neurological conditions.

## Summary

Each of the three visits at issue was a single integrated physical rehabilitation session for a diagnosed, covered medical condition, delivered by a certified rehabilitation veterinarian. Each comprised manual therapy, laser therapy, and underwater treadmill — all standard components of canine physical rehabilitation. None of these components were rendered as standalone alternative or holistic services.

I am happy to provide additional clinical documentation or to speak with a reviewer directly if that would be helpful.

Sincerely,

**[The treating rehabilitation veterinarian]** Certified Canine Rehabilitation Veterinarian (DVM, CCRV, CVMMP, CVFT) **[Rehabilitation practice] [Practice address] [Practice email] [Practice phone]**

---

## Redaction Notes

The following identifiers were redacted from the original letters before public sharing:

**Personal identifiers (people and pets):**

- Policyholder name (replaced with **[Policyholder Name]** or **[Policyholder]**)
- Policyholder home address (replaced with **[Address Redacted]**)
- Pet name (replaced with **[Pet]** or referred to as "the dog" or "the patient")
- Treating rehabilitation veterinarian's name (replaced with **[the treating rehabilitation veterinarian]** or "the directing rehabilitation veterinarian")
- Names of Certified Canine Rehabilitation Assistants (replaced with "a Certified Canine Rehabilitation Assistant" or similar generic references)
- Name of the board-certified veterinary radiologist who interpreted the MRI (replaced with "a board-certified veterinary radiologist with DACVR-DI credentials")

**Practice and entity identifiers:**

- Rehabilitation practice name (replaced with **[the rehabilitation practice]** or "the rehabilitation practice")
- Veterinary neurology and imaging practice name (replaced with "a veterinary neurology and imaging practice")
- Practice physical address (replaced with **[Practice address]**)
- Practice email address (replaced with **[Practice email]**)
- Practice phone number (replaced with **[Practice phone]**)

**Insurance carrier identifiers:**

- Insurance carrier name (replaced with **the Carrier**)
- Underwriter name (replaced with **the Underwriter**)
- Carrier's appeals department name (replaced with **[Carrier's Appeals Department]**)
- Carrier's mailing address (replaced with **[Carrier's mailing address]**)
- Carrier's appeals email address (replaced with **[Carrier's appeals email]**)

**Identifier numbers:**

- Policy number (replaced with **[Policy #]**)
- Three claim numbers (replaced with **[Claim #1]**, **[Claim #2]**, **[Claim #3]**, or **#[1]**, **#[2]**, **#[3]**)
- Rehabilitation practice's invoice numbers for the three appealed sessions (replaced with **[Invoice A]**, **[Invoice B]**, **[Invoice C]**)

- Patient ID number (replaced with **[Patient ID]**)
- Specific dates of service (replaced with **[DOS-1]**, **[DOS-2]**, **[DOS-3]** in the headers and with relative references like "the primary appeal date" or "the second appealed session" in the narrative)

**Not redacted** (kept for substantive context):

- Diagnoses (Degenerative Myelopathy, IVDD T12–S1) — necessary to describe the medical context
- Generic clinical content (treatment protocol, modalities, specific clinical observations) — necessary to describe what the disputed services consist of
- Specific policy section citations (§2.B.3, §9.C.12, §10.C, §6.F, §6.G, §6.H, §10.K, §4.D) — necessary for the policy interpretation argument
- Quoted policy text — reproduced for commentary/criticism purposes
- Professional credential abbreviations (CCRV, CCRT, CCRA, DVM, DACVR-DI, etc.) — generic professional designations

## Note about publication of the supporting letter

The supporting letter (Part 2) is reproduced here from an original signed letter on the rehabilitation practice's letterhead. Before posting this document publicly, **the policyholder should confirm that the rehabilitation practice and the treating veterinarian are comfortable with the redacted version being publicly available** as a reference example. If permission is not given, this Part 2 should be removed before publication; only Part 1 (the policyholder's own appeal letter) can be posted without additional permissions.

## A final word on customization

The most reliable way to use this document is **not** to copy it and try to substitute your own facts into it. The arguments here are tightly coupled to specific policy text, specific clinical record content, and a specific fact pattern. Substituting your own facts into someone else's argument structure often produces an appeal that sounds confident but doesn't actually address your situation.

A better workflow:

1. Read this document once for general structure and ideas.
2. Close it.
3. Open your own policy and read the Rehabilitation/Physical Therapy coverage section, the Alternative and Holistic Treatment exclusion (if any), and the proration provision (if any).
4. Open your own EOB and read what specifically was denied and under what citation.
5. Open your own clinical records and read what the rehabilitation veterinarian actually documented.
6. Build an appeal from those three documents — *your* policy, *your* EOB, *your* records — using the structure you saw here as a rough scaffold.

That produces an appeal that is actually about your situation, which is what a reviewer needs in order to reverse a denial in your favor.

---

## About this document and finding updates

This redacted reference was prepared and shared by **Yuxin Zhu (Daisy)**, a fellow pet parent, drawn from her own successful appeal of three weekly canine rehabilitation claims. The redactions and personalization markers were applied to make the document safe to share as an informational example rather than a fillable template.

For the most current version of this document — and to see any other resources that may have been added on this topic — scan the QR code below or visit the source URL:

*QR code linking to source URL*

**https://www.yuxinzhu-daisybiostat.com/gatsby-appeal**

If the QR code is missing or doesn't scan, the source location is **https://www.yuxinzhu-daisybiostat.com/gatsby-appeal** — please check there for the current version.