



## Carrier demands a specific test to confirm diagnosis

Hospital

The member was experiencing symptoms of Postural Orthostatic Tachycardia Syndrome (POTS), dizziness and chronic fatigue.

The insurer had denied LTD benefits, alleging that the member was not totally disabled and could perform her duties as an RN. The member's condition was well documented by her physician, who described her as having to use a cane for stability, barely being able to stand even for short periods of time, and being chronically fatigued. Despite this, the insurer stated that her symptoms were self-determined and there was no medical evidence to support them.

The insurer was also not willing to accept the POTS diagnosis without a tilt table test. A specialist performed this test and confirmed the diagnosis, however, the results were not released for more than a month, which took the member past the end of the qualifying period. Had she been able to submit those test results before the qualifying period ended, an appeal may not have been necessary. With the confirmation of POTS and the long history of medical evidence that ONA was able to provide to the insurer, their decision was reversed.

**Importance to ONA:** Benefits were approved retroactive to the end of the qualifying period.

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