

Insurance Reimbursement *by Dr Julian Whitaker Nov 2008*

With Election Day over, you're probably wondering what a change in administration means for your healthcare coverage, and with good reason. The fact remains that right now very few people are satisfied with the healthcare system as it is today.

Costs have soared, but that's only part of it. People are downright frustrated with their health insurance, including the lack of choices when it comes to doctors, the hoops they have to jump through to get care, and the hassle of billing problems. In fact, some people say that "managed care" is really "manage your own care."

Add that to the biggest complaint we hear every day at the Whitaker Wellness Institute—the inability to get insurance reimbursement for alternative treatments. But as you'll see in a minute, there's good news and bad news regarding insurance coverage of alternative therapies; and it's all about understanding the system.

Insurance Won't Pay for Nutritional Supplements...

The fact is you're probably not going to get your insurance company to pay for nutritional supplements. I know this is irrational, you know it's irrational, but it's the way it is.

It's not for lack of research supporting the benefits of supplements, and it's not a question of safety. To give just a few examples, hundreds of scientific studies demonstrate the efficacy and safety of coenzyme Q10 for the treatment of congestive heart failure, fish oil for the prevention of sudden cardiac death, and B-complex vitamins to lower homocysteine, a risk factor for heart attack, stroke, Alzheimer's disease, and other conditions.

Nor is it profit motivated. For some inexplicable reason, the same insurers who don't bat an eye at shelling out hundreds of dollars a month for lifelong drug regimens balk at paying a fraction of that cost for nutritional supplements. They also overlook the potential savings in future healthcare costs that routine use of supplements could provide.

...That's despite the fact that nutritional therapies could potentially save \$89 billion a year in healthcare costs!

According to a report by the Washington, DC-based Council for Responsible Nutrition (CRN), nutritional supplements have been shown to prevent or delay heart disease, stroke, cataracts, macular degeneration, and some types of cancer. Furthermore, CRN reports that by delaying the onset of cardiovascular disease, stroke, and hip fracture alone, nutritional therapies could potentially save \$89 billion a year in healthcare costs!

A study presented at a recent meeting titled "Multivitamins and Public Health" agrees with the CRN report. The review of literature on supplement use showed that Medicare could save itself \$1.6 billion dollars over five years by providing a simple multivitamin to everyone over age 65.

Now, for the good news...

If you know how to work the system, you can get reimbursed for many alternative therapies.

We have reasonably good success at the Whitaker Wellness Institute helping patients get reimbursement for alternative therapies. It all boils down to "medical necessity"—a phrase insurance companies love and look for. If you can provide evidence that your alternative treatments are a medical necessity, you've at least got a fighting chance of coverage.

Here are some key points that will improve your chances of getting insurance reimbursement for alternative therapies.

Seek treatment from a licensed healthcare professional. Your insurance company is much more likely to reimburse for alternative treatments ordered by a medical doctor (MD) or a doctor of osteopathic medicine (DO). And treatments administered by licensed alternative practitioners (acupuncturists, nutritionists, etc.) will have a much better chance of being covered.

Get a solid diagnosis before undergoing treatment. If you have a medical diagnosis for a condition that an alternative therapy offers proven benefits for, your insurance company will look much more favorably on reimbursement. For example, while an insurance carrier would probably pay for a course of chiropractic therapy for a diagnosed back sprain, it would most likely turn down preventive or maintenance adjustments.

Ask the medical office providing alternative treatments to work with your insurance company. Even if the physician or other healthcare professional providing treatment does not directly accept insurance and requires payment at the time of service, they should be willing to work with your insurance company. This would include supplying proper IC D9 (International Classification of Diseases, 9th Revision) diagnostics and CPT (Current Procedure Terminology) billing codes and information on treatments and their medical necessity. At the Whitaker Wellness Institute, we do not accept Medicare for most services, but we do courtesy billing for all of our patients and provide insurance companies with any information they request, including copies of medical records and detailed descriptions of our therapies and their medical necessity as it pertains to each patient.

Understand that not all therapies and conditions will be covered. Get a handle on what your insurance plan covers and what it doesn't. We make sure our patients know up front that some of the therapies we recommend will not be covered. For example, as good as EDTA chelation therapy and reflexology are, patients rarely receive reimbursement for these treatments. And while virtually all carriers cover Enhanced External Counterpulsation (EECP) for patients with angina, they may not pay for it for other conditions, even though it has been proven effective.

What Will Be Covered?

I can't tell you which specific alternative therapies will be covered by your health insurance. There are so many different plans and benefit packages; and guidelines differ from state to state.

Your best bet is to do your homework, know what benefits your plan offers, then work around them—or look for a different plan. For a list of some of the most popular alternative therapies, and their reimbursement records, click here.

There's no question that in these tough economic times you don't want to sacrifice your health, or your finances. So, in my next Health Update I'll give you even more practical advice including how to find the best health insurance plan for you, and how to challenge your insurance company when they won't pay. Plus, I'll give you a list of insurance and provider networks that do reimburse for alternative services.

Here's to your health, Julian Whitaker, MD

Popular Alternative Therapies and Their Reimbursement Track Records

When it comes to health insurance, it's difficult to know which specific alternative therapies will be covered. There are so many different plans and benefit packages, and guidelines differ from state to state.

The list below shows some of the most popular alternative therapies and their reimbursement records

Acupuncture (An ancient Chinese medicine modality that treats disease by bringing energy patterns into balance by inserting thin needles into specific points on the skin.) About one-third of the PPOs (preferred provider organizations) and a quarter of the HMOs cover acupuncture. Medicare does not. The diagnosis most likely to get coverage is chronic pain.

Biofeedback (A training program that teaches you how to control physiological functions such as blood pressure, heart rate, temperature, and muscle tension.) Medicare and other carriers may reimburse for biofeedback for a very limited number of conditions.

Chiropractic (A medical discipline that involves manipulation of the spine and other structures to relieve pain and other health problems.) This is the most integrated alternative therapy, and it is the one insurance providers most consistently reimburse for, given a specific diagnosis.

EDTA Chelation Therapy (Intravenous administration of a synthetic protein that attaches to and removes toxic heavy metals from the body.) Lead and other heavy metal poisoning is the only reimbursable diagnosis for chelation. Although this therapy is highly effective in improving circulation and reducing signs and symptoms of cardiovascular disease, our patients have had little success getting reimbursed for these conditions.

Enhanced External Counterpulsation (EECP) (A noninvasive therapy that dramatically improves blood flow to the heart and throughout the body.) Medicare pays for EECP for the treatment of angina (chest pain) when accompanied by a referral from a cardiologist. They do not, however, pay for the use of this therapy to treat other conditions for which it is extremely helpful, such as congestive heart failure, peripheral vascular disease, Parkinson's disease, and hypertension. Other insurance companies may or may not pay for these other indications.

Human Growth Hormone (Injections of a hormone that dramatically declines with age to improve muscle mass, bone density, and other conditions.) We haven't had any luck with insurance reimbursement for this therapy.

Hyperbaric Oxygen Therapy (HBOT) (100 percent oxygen delivered under pressure to assure delivery to oxygen-deprived tissues throughout the body.) Medicare and most other carriers cover HBOT for specific conditions. These include decompression sickness (the bends), skin grafts, bone infections, and poorly healing diabetic wounds. This therapy is also very beneficial for stroke and other brain injuries, and a few insurance companies will reimburse for this treatment.

Hypnotherapy (The use of hypnosis, primarily in psychotherapy.) There is limited coverage for hypnotherapy for specific psychological conditions by Medicare and some other carriers.

IV Therapies (Intravenous infusions of targeted vitamins, minerals, and other nutrients.) We use many IV therapies at the clinic, and the larger PPOs have been pretty good about reimbursing, as long as we provide detailed descriptions of what is in them and have appropriate diagnoses. Therapies that have recently been covered include vision IVs for macular degeneration, magnesium IVs for hypertension, immune IVs for nutritional support of cancer, and glutathione IVs for Parkinson's disease.

Laboratory Tests (Blood and urine tests.) All insurance plans pay for routine blood and urine analysis. They'll even pay for "alternative" blood tests such as DHEA, homocysteine, and C-reactive protein. They usually do not reimburse for urine tests for heavy metals, blood tests for food allergies, or stool tests for intestinal permeability.

Massage (Rubbing and kneading the muscles to relieve pain and tension, promote relaxation, and enhance circulation.) Some companies provide partial reimbursement for massage, particularly if it is linked to a pain diagnosis.

Naturopathy (Discipline that involves treating disease and improving health with natural therapies such as diet, exercise, and nutritional supplements.) A limited number of insurance companies are beginning to reimburse for visits to naturopathic physicians.

Nutritional Counseling (Consultation with a practitioner who advises patients on proper diet.) Nutritionist consultations are covered by many health plans, as long as the nutritionist is certified.

Nutritional Supplements (Vitamins, minerals, herbs, amino acids, and other natural compounds taken orally to enhance health and treat disease.) Some small, private insurers may reimburse for nutritional supplements, but we've had no success with this for our patients at the clinic.

Physical Therapy (Use of exercise and other modalities to improve physical performance and facilitate recovery from injury and illness.) Physical therapy is more or less a conventional therapy these days and most insurance plans cover it.

Prolotherapy (A treatment for musculoskeletal pain and injury that involves injections in the tendons and ligaments to strengthen and support these structures.) Although this therapy in many cases alleviates the need for surgery, only a few insurance companies reimburse for it. Medicare does not.

Psychotherapy (The treatment of psychological problems with counseling and other non-drug modalities.) Medicare and most other insurance plans pay for psychotherapy.

Reflexology (A therapy that involves stimulation of reflex points on the hands, feet, and ears that correspond to specific organs in the body.) I don't know of any insurance companies that reimburse for reflexology.

Screening and Diagnostic Tests (Tests that look for health problems or confirm diagnoses.) Medicare and most insurance companies will pay for mammography, Pap smears, colorectal cancer screens, and bone density tests. Screening tests which fall into the "alternative" realm, such as body composition analysis (to determine percentage of body fat) or arterial stiffness index (to measure the integrity of the blood vessels), are usually not covered.