



Energy Medicine Business Support

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Gail Cox and Sharon Robbins, Contributors

Insurance Reimbursement for Healing Touch

Over the past several years, Healing Touch Professional Association (HTPA) members have been requesting information regarding “how” to get reimbursed by insurance carriers for Healing Touch sessions. Although there has been a good deal of searching for answers, HTPA has not been able to find the way to actually answer the “how to” question. As a result, HTPA is sponsoring a NEW Committee to search for answers to this question. The Committee’s co-Chairs are Gail Cox (IL.) and Holli Brown (WA). We will keep you posted as this Committee proceeds.

If you have any information that you think might help the Committee, please send to Info@HTProfessionalAssociation.com

The Background Story – What We Know So Far

Instances of insurance companies reimbursing a practitioner for Healing Touch have been few and far between. From a historical perspective there has been a great deal of effort put

into the pursuit of reimbursement and many reasons why it remains a struggle.

One primary reason is the nature of how nursing care is delivered in healthcare facilities. Nursing care is included in the room rate which includes not only nursing but also housekeeping, maintenance, linens, food, electrical and water. There has been much debate in the last few years about billing nursing care separately with considerable support by the American Nurses Association. Some hospitals are supportive because they see it as a way to reflect the care the patient received and it has the potential to increase revenue. However, it is hard to differentiate all that a nurse really does for patients and their families. It is also illegal for a nurse to work as an independent practitioner. Nurses must be under the direction of a physician regardless of education, LPN, RN or APN (Advance Practice Nurse). APNs have their challenges with insurance coverage, as well, since Medicare provides limited coverage as does some insurance companies. It has improved in the last few years due to doctor shortages where APNs fill in the gap. (APNs must work under a physician and are paid by the institution where they work.)

The next layer in this story is the structure of CPT codes. CPT® (Current Procedural Terminology) is a registered trademark of the American Medical Association (AMA). The CPT Editorial Panel is engaged in an ongoing process. The revenue obtained from CPT code use is the primary source of income for the AMA, despite declining enrollment by physicians. Currently 86 % of the codes are used by physicians - the other 14% are used by all other healthcare providers. In 1983 the Department of Health and Human Services (DHHS) agreed to make CPT codes the only allowed codes for billing Medicare. In 1993 that same department told the AMA they must create non-physician codes and **to date they have not done so.**

To fill this void in 1996, a company, Alternative Link, was established whose original goal was to design new codes and get them through the DHHS approval system. They spent 5 years developing ABC codes and in 2001 began the approval process. Although they were granted a study period by Tommy Thompson, the Secretary for the DHHS at that time, when he left office in 2005 the approval process for ABC codes floundered. During Thompson’s tenure, in 2003 the DHHS tested the ABC codes in Alaska with Medicaid patients. As a result, between 2004 and 2009, over 2 million claims were processed and paid in a behavioral health

program. The study showed cost savings were over 50 % using ABC versus CPT codes. The DHHS requested the Center for Medicare and Medicaid Services (CMS) review the data for a cost benefits analysis. Unfortunately, the CMS's assessment was "No compelling data to have ABC codes added to the (standard) codes required for filing healthcare claims." After that, Alternative Link changed their focus to collecting data on complementary health practices. However, they have continued to encourage all practitioners to use ABC Codes (have clients submit invoices to their insurance carriers for possible reimbursement) so as to maintain exposure of those codes. Many practitioners have reported that they continue to do so.

Another layer is the insurance companies who, for the most part, have the mantra "If Medicare will not pay for it then we won't either." Some insurance carriers are beginning to include alternative practices such as chiropractic, massage and naturopathic. Some practitioners have been able to carve out inclusion to a very limited degree with limited number of treatments covered. The driving force to this denial of inclusion is lack of "scientific research of efficacy" related to issues of appropriate control, blinding and standardizing protocol. Medicare and the insurance companies' main questions remain - *are the therapies cost effective; will they save money without added risk to the patient?*

On a positive note, the Affordable Healthcare Act did develop an Advisory Group within DHHS to set specific goals and objectives for prevention, health promotion and public health programs. This group is mandated to include integrative health practitioners. We hope to see improvement toward reimbursement in the not too distant future, although this may only be wishful thinking.

Here is where we offer an alternative solution: As you educate your clients on this issue, encourage the use of Health Savings Accounts (HSAs) and Flexible Health Spending Accounts (FHAs). There have been many clients throughout the country who have received full reimbursement for their Healing Touch sessions using these accounts. For more information about HSAs and FHAs follow these links to articles published in Energy Magazine, [May/June 2012](#) and [Sept/Oct 2012](#). These articles are informative and contain links to invoice samples.

There are rays of hope in all of this as there has been a shift in the paradigm "Doctor Knows Best" to "Patient-Centered Care."

Inclusion of Healing Touch, in patient-centered care, is then driven by patients who want more choices in their healthcare plan. In research there is greater interest in 'Patient-Reported Outcomes' (PRO) as an important means of evaluating efficacy. Lastly, an increasing driving force is health prevention and maintenance. Here the research is more evident, patients who see a CAM therapist are more engaged in positive health behaviors and lifestyle choices.

What can the HT Community do to move this agenda forward? Research, research, research which is an important back bone to answer - *Does Healing Touch help lessen symptoms of chronic illness and does it activate change in behaviors and lifestyle to prevent chronic illnesses?*

Also, we believe that Healing Touch Program's pending National Accreditation, which when established, will further demonstrate a well regulated standard of education and practice and will carry weight toward solving this insurance reimbursement issue. We highly encourage all energy medicine practitioners to work with their clients to submit insurance claim forms for their sessions. Regardless of the outcome, it sends a message to the insurance company that CAM practices are wanted. €