

How to get Reimbursement for Naturopathic Medical Services

A growing number of people in the United States wish to use more natural healing methods and are seeking out alternatives to conventional allopathic medicine. Naturopathic medicine is one of the fastest growing and most beneficial of these alternatives. Although many people would like to be treated by a naturopathic physician, they are not because they think that naturopathic medicine is not covered by their insurance. This is not always true!

Many insurance companies do cover naturopathic medicine! Those companies that say they do not naturopathic medicine, may say this because they do not know how to handle the claims or the claims agents may be unaware of the licensed naturopathic medical profession. This will change only when enough people file claims or ask for coverage.

In the state of Arizona, naturopathic physicians are licensed to practice medicine. Therefore, unless your insurance policy specifically excludes naturopaths, by law they must cover the services. Because naturopathic physicians are usually not included on the list of covered providers, the reimbursement you will receive will usually be an "out of network" reimbursement.

To find out if your insurance company will cover your naturopathic medical services, there are a few things you can do.

1. Look at your policy.

If the "Definition of Physician" in your policy does not specifically either exclude naturopathic physicians, or limit the definition to specific providers other than naturopaths, then you should by law be covered for your naturopathic services.

2. Call your insurance company.

The following are a few suggestions of what to say/ask while on the phone:

Does my policy cover services performed by a licensed naturopathic physician?
(they will typically say no because many agents are unaware of what naturopathic medicine is)

Does the "definition of physician" in my policy specifically exclude naturopathic physicians?
(ask them to fax you a copy of the definition)

Does the definition limit services to specific health care providers? Which ones?

Naturopathic physicians are primary care physicians licensed to practice medicine in my state. If necessary, I can provide you with a copy of my naturopathic physician's license for further documentation.

If your policy covers naturopathic medical services, simply file your claim as you would any other. Your naturopathic physician will provide you with any necessary diagnostic codes, signatures, etc.

If your policy does not cover naturopathic medical services, you can try to modify your policy. Most insurance companies will write a plan to cover naturopathic medicine, but you must request the coverage.

Individual Plan

Ask your agent to add coverage for naturopathic services. There may be a small charge for this service ranging from nothing to a few cents a month.

Group Plan

Most insurance companies do not charge anything extra to cover naturopathic services on a group plan. Tell this to your employer, union, or human resources director, and ask that naturopathic physicians be added to your plan. If necessary, organize and educate your coworkers on the value and benefit of naturopathic medicine. I would be happy to help!

How to Appeal an Insurance Denial

If your insurance company denies coverage for a treatment I've recommended, don't panic. There are steps you can take to appeal the decision. Talk to company representatives and request an internal appeal. If that doesn't work, you may have the right to go over the company's head—to an *external* review board. The following pointers will help make you a better *self*-advocate. They will also help us help you more effectively.

1. Learn what you're entitled to.

A treatment may be just what the doctor ordered. But if your health plan doesn't cover you for it, you may be wasting your time. Look at your benefits booklet to identify what you *are* covered for: No plan will pay for a heated pool to treat your arthritis. It might reimburse you for an exercise program, however.

2. If you receive the notice that your naturopath is not recognized in your plan as a definition of a physician, please file a grievance with your company.

According to Arizona revised statute 20-841, all providers are eligible to receive reimbursement if they provide service within the lawful scope of their license. Naturopathic medical doctors are primary care providers in the state of Arizona, as indicated by Arizona revised statute 32-1501. Since Dr. Calvo's scope of practice is that of a primary care physician, and the services provided to the insured patient were those using typical evaluation and management codes, distinctly separate from any alternative services your policy may or may not exclude, payment on the claim for services dated _____ should not be considered an overpayment or payment in error.

3.. Enlist help.

Most health plan denials don't require a formal appeal. They may require some creativity on your part, however. If your coverage is through your employer, for instance, ask your benefits manager to call about the denial. Because she's paying the tab for lots of employees, she's got clout.

4. Write the right letter.

Even the best-written, most impassioned letter will fall short if it doesn't address the health plan's real concern. Save yourself some time by talking first to a health plan representative. Find out exactly what needs to go into the letter—down to the exact wording, if necessary. Then draft a letter, and ask us to review it before sending it out.

5. Do your homework before filing an external appeal.

If you've exhausted all your internal appeal options, be prepared to take your case to an independent appeals board. (Most states have provisions for an expedited or fast-track appeal in emergencies.) Among the resources that will help you prepare are:

- *A Consumer Guide to Handling Disputes with Your Employer or Private Health Plan 2003 Update.*

A joint project of The Henry J. Kaiser Family Foundation and Consumers Union, this free guide will give you a state-by-state breakdown of external review programs, eligibility requirements, and contact information. Copies of the guide are available at either www.kff.org/content/2003/20030123a or www.consumersunion.org/health/hmo-review or by calling the Kaiser Foundation's publication request line at 800-656-4533.

- Patient Advocate Foundation, Newport News, VA. One goal of this organization is to mediate disputes between patients and their insurers. Contact the foundation at www.patientadvocate.org or by calling 800-532-5274
- Disease-related groups and associations, including the American Cancer Society, the Arthritis Foundation, the American Diabetes Association, the Epilepsy Foundation, and the Lupus Foundation of America. Each of these groups can lend their expertise during an external appeal.
- Employer patient advocacy programs. An increasing number of employers have contracted with companies like Health Advocate (www.healthadvocate.net), based in West Conshohocken, PA, to advise and, when appropriate, go to bat for their employees. Ask if your company makes this employee benefit available.