



Practitioner Support



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A Guide for Energy Medicine Practitioners to Help Clients Navigate Their Flexible Spending Accounts

Gail Cox, Co-Chair Insurance Initiative Committee

The Healing Touch Professional Association continues to support and sponsor the Healing Touch Insurance Initiative Committee (HT II). At present, the Committee is taking steps to apply for a Healing Touch National Provider Identifier (NPI) number of its own and next a Current Procedural Terminology (CPT) code. The goal of achieving third party payment will undoubtedly take time to achieve, but the Committee is optimistic and has the blessing of Healing Touch Program.

This article is an informative guide for Energy Medicine practitioners to be able to educate their clients regarding reimbursement for treatments. Energy Therapy is considered “potentially eligible” according to the Internal Revenue Service (IRS) that has set the terms of eligibility for medical expenses.

Under the Patient Protection and Affordable Care Act, the IRS set up policies and guidelines for a person either through their employer or independently (i.e. a bank) to set aside money to help pay for healthcare that may have limited or no coverage by insurance companies. There are three types

of accounts Flexible Spending Accounts (FSA), Health Savings Accounts (HSA), and Medical Savings Accounts (MSA). For additional information, HTPA’s website has resource information and past articles that will be helpful.

It is the responsibility of the client to know what is covered, the requirements for coverage and the submission of all the required documents. As the practitioner you are responsible for providing good documentation and receipts for service.

If you are treating a client for a specific issue (i.e. back pain), remember to inquire if they will be using their FSA, HSA or MSA. If they are using their FSA, you will want to know if they have a prescription or a Letter of Medical Need, of which you should keep a copy for your file.

Expenses generally not included for reimbursement relate to an individual’s general health and well being, i.e. gym memberships, vitamins, and supplements are some of the specific items named. An example of what would not be covered is a general self-care massage. Yes, there are positive health benefits but it does not relate to a specific diagnosis.

Reimbursable expenses are related to a specific diagnosis, its care, mitigation, treatment or prevention of disease or illness affecting any part or function of the body. For example, a person’s blood pressure has been borderline high at the doctor’s office with a positive family history of hypertension and stroke. This patient wants to try meditation classes. These classes would be covered with a doctor’s order/prescription or a Letter of Medical Need (LMN).

Guidelines for a Letter of Medical Need (LMN)

The form can be downloaded from the IRS website or it can be written on the Health Care Provider letterhead. It must include:

- A specific diagnosis written in medical terminology.
- The recommended treatment must be named and described in detail by the licensed Health Care Provider.
- The treatment (e.g. Healing Touch) must be specifically named and described.
- The length or number of treatments (length of treatment cannot exceed 12 months) must be specified.
- The Health Care Provider must sign and date the LMN.



Supporting documentation provided to the client by the Practitioner includes a receipt for treatment(s). This can be issued for each treatment (preferred) or can be given for a number of treatments. A receipt needs to include the business name and address, provider's name including credentials, tax ID or National Provider Identifier (NPI) number, name of patient, date of birth, date of service, service(s) rendered, duration of treatment and amount paid. Current Procedural Terminology (CPT) codes are typically not required.

If you are doing more than one treatment, the date of each one is listed separately. Basically, a business letterhead can be used as a receipt as long as it also includes your tax ID or NPI number. (Information on NPI numbers can be found in Nov/Dec 2014 issue of Energy Magazine). If you have already provided services and the client thinks that their FSA benefits may apply, the client can obtain a LMN and submit your receipt as long as it is for that current eligibility period. Once all the paperwork has been submitted it is processed in 7-10 business days.

Working to educate clients on using their FSA starts with each practitioner knowing the in's and out's of healthcare. The more we know about one step better prepares us for the next.

Refer to www.HTProfessionalAssociation.com/resources or www.irs.gov publication 969 for additional information.

