Yoga and Insurance Billing: Receiving Reimbursement from Workers’ Compensation and Auto Insurance Providers

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Abstract

As criteria are developed and qualifications established for Yoga teachers and therapists, insurance reimbursement emerges as one of the more complex issues being addressed in the Yoga community.

In sharing my success with insurance reimbursement, which comes mostly with workers’ compensation and auto injury clients, my intentions are twofold: to encourage therapeutic Yoga as an accepted healing modality among the uninitiated, and to inspire patience in the Yoga community as we continue the debates and negotiations that come with building acceptance in the healing/medical community.

Introduction

I have been practicing Yoga for about twenty years and teaching for about six. Prior to founding my school, Blue Heron Yoga, I served as a congressional aide. This experience, I think, kept me from feeling intimidated by the daunting process of billing insurance companies for Yoga.

Negotiating with government and corporate bureaucracies gave me the patience and the confidence one must have when dealing with insurance providers without specific procedures, codes, or guidelines to follow. My spiritual training, however, helped me to see that we are always where we need to be and that a way would be found when I released my limited conceptions of reality and allowed the process to unfold. After all, bureaucracies are comprised of human beings just like me. Having spent three years in intensive svādhyāya, or self-study, I learned to practice īshvara-pranidhāna, surrendering the will to the Divine. And I learned to trust my hunches and intuition.

As the political winds of change swept through my region in the mid-1990s, they swept my job away with them. On the very first day of leave from my position, I was offered the opportunity to teach a Yoga class in the fitness club where I had taken some classes. I took it as a sign. Eventually, I found myself teaching in a hospital wellness center, where my insurance adventures began.

Background

In my years as a congressional aide, I had used Yoga to help with healing an aching neck and aching shoulders, tension headaches, low back pain, shallow breathing, and other stress-related problems. I thus had a deep understanding of the pressures of the workplace with which many of my students were dealing. Using techniques I had learned from my Iyengar-trained teachers, I developed routines for each class. Gradually the word got around and the classes grew.

As I worked with a variety of health professionals at the hospital, we began exploring ways patients could take some Yoga lessons to complement their medical treatments. After several months, things really took off. The occupational health department director began coming to classes. An enthusiastic student and an open-minded physician, he decided that nothing I was doing
would hurt his patients and could, if they were well instructed, be helpful. These were people who were injured on the job and usually workers' compensation patients. We were on our way.

**Experimentation**

At first, all billing was done through the hospital. My work was simply described as “private yoga sessions,” not “yoga therapy.” I provided my tax ID number and a copy of my Colorado occupational fitness and wellness instruction teaching credential to the hospital billing department.* The physician would choose patients for me according to his judgment, to which I was not always privy. Several times I was able to arrange to see a patient with him so I could be clear on his expectations.

In general, he expected that I would teach the patient several dozen stretches and relaxation techniques, from which we would extrapolate a series that would release tension, realign the posture, and challenge the patient to rebuild and strengthen muscles. There were also times when I was directed to impart some life skills and exercises to help a patient being released from the system. In other words, I was the “last resort.” While these were difficult cases, I took the opportunity to make a difference, relying on my spiritual training to direct me in the work.

As I continued to work with the occupational health department at the hospital, I was included for a short time with a group consisting of the physician, a psychiatrist, an occupational therapist, a physical therapist, and a water exercise therapist. With workers’ compensation approval, we grouped several patients and worked as a team.

We met once or twice weekly for progress reports and reported to workers’ compensation weekly. I was permitted one individual session with each patient. The rest of my sessions were done in a group setting. Participants were usually exhausted from their physical therapies, so I spent most of the group sessions teaching deep relaxation techniques, including breath work and restorative postures. I discouraged complaining, although the “pain program,” as it was called, was difficult. Eventually the program was discontinued following program negotiations in which I was not involved as a contract employee.

I never learned what fiscal issues led to the program’s demise. The hospital then decided to attempt an integrative medicine department. I worked with a team including two physicians, an acupuncturist, a massage therapist, and a structural integration practitioner. Insurance reimbursement was, of course, problematic. After about a year, the administration of the hospital, which had been committed to this department, changed. The new administrators did not support the department and it closed. I was now on my own.

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Because my work had become known to the larger workers’ compensation insurance system in the state, I was established as a provider. I continued to work with occupational health physicians and receive referrals from them. I also took the opportunity to introduce myself and my work to other physicians who work with injured workers, using references gained at the hospital.

Following are the steps I take in working with clients:

1. I receive a physician’s prescription and the physician’s recommendation, which contains the rationale for the physician’s choice of Yoga as a healing modality for the client—usually for 6–8 private Yoga sessions. In some cases the prescription is sent directly to me from the physician, and sometimes it is provided by the patient. Physicians use the term yoga sessions, not yoga therapy.

2. I next fax the physician’s prescription and recommendation to the insurance company, but before I send the fax, I need to identify the case manager for my client’s case. I do this by calling the company and providing the client’s case number, and I am connected to the person with whom I will be working until all the sessions are completed. I then send the fax directly to the case manager. Please note that this step may need to be repeated several times because the case manager may misplace the fax, not receive it, etc. Patience is required!

3. I follow up within a day or two with a phone call to the case manager to verify receipt of the physician’s prescription and recommendation, and I request authorization of payment for the
sessions. This can take hours, days, or weeks, depending on the circumstances, and on whether or not my client has an attorney.

4. I receive authorization, either in writing or by phone. An authorization number to be used for billing and a timeframe in which to complete the sessions are given.

5. I set up appointments and we complete them. Documentation is important. I use a health status form, asking questions to establish the functional ability of the patient on a physical and emotional level at the start of our sessions. I review it at the end of the sessions. I also create measurements, such as distance of head from knees in a seated forward bend and breathing rate, to gauge improvement and encourage the client. The content of my sessions is not dictated by the insurance companies, and I intuitively work with each client. I offer encouragement and emotional and spiritual support, suggesting readings and encouraging self-observation and lifestyle changes. I work with the whole person. In many work injury situations, one finds depression, frustration, and fear of change. Yoga philosophy is shared and the client is coaxed to be in the moment and let go both mentally and physically to outcomes. I log exercises and techniques taught and responses to the treatment.

6. Reporting and billing: I do these two together and send a copy of the report to the referring physician. Each session is briefly reported with overall impressions. The bill and report is faxed or mailed, according to the case manager’s requirements. Many times I have had to send in a billing twice. Again, patience is required.

7. Codes and fees: I use procedure code 97110 for therapeutic exercise. A procedure code is always noted when you submit a bill. This particular code is usually used by physical therapists, but I have been directed by the billing department of my chief provider to use it as well. Code 97150 can also be used to bill for Yoga in a class setting (two or more clients), but it carries a much lower rate of reimbursement. Billing rates for reimbursement are set by law, and laws change. I have had claims returned unpaid because of changes I was unaware of. After negotiation, and sometimes with the help of the client’s attorney, things get worked out. It is better to keep yourself informed by periodically asking questions about codes and fees.

8. Follow-up: If the physician feels that progress will continue with more sessions, a new prescription is written and the process begins again, with a new authorization. It is critical not to proceed without the new authorization unless you make arrangements for receiving direct payment from the client. If the client has an attorney, the attorney can sometimes be helpful in getting authorization while the claim is awaiting settlement. Auto insurance: I have had several students pay for classes out of pocket and then be reimbursed by their insurance carrier. I generally speak to a case manager to verify the treatment and provide a receipt with service dates. I am seldom asked for case notes or a report. A physician’s prescription makes this work easiest.

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10. Other concerns: If the claim is in litigation for settlement, you may be asked to send your case notes to the claimant’s attorney. You can bill your time and expenses for this service, and the attorney will usually tell you how to do this.

Case Histories

At the age of forty, Fred had been injured for four years before I saw him. His original injury occurred while doing heavy lifting in his job as a municipal parks worker. Frustrated from years of therapy and surgery, he came to me complaining of pain radiating down his legs and overall muscle tension. He had undergone surgical fusion of the L4 and L5 vertebrae three years prior and was on pain and depression medication. Although he was in a lot of pain, he disliked being on the pain medication, preferring to feel it and work with it. We worked together over a period of twenty weeks while his claim slowly made its way to settlement. His prescription for private Yoga sessions was refilled three times. In addition to helping him construct a regular stretching and breathing routine, he claimed that his practice of Yoga also enabled him to reduce both his pain and depression medication intake and assume more responsibility for his healing. Yoga also helped him deal with the depression and rage he felt from spending year after year away from gainful activity.

Patricia suffered a brain injury in addition to whiplash from a car accident on the job. As a part of her settlement, she and the insurance company are developing a “life plan” that will pay for her health maintenance after her case is settled. Because of her improvement from
eight Yoga sessions, the insurance company agreed to factor in regular private Yoga classes for her healing. She has had ten sessions total thus far. Her prescription for Yoga classes has been renewed twice, and we are now proceeding month to month awaiting approval of the life plan by all parties.

Sandra hurt her back in a work-related accident and was a committed Yoga student at the time. In this case I was able to be the client’s first resort, instead of the last, a position I always prefer. I had not worked with Sandra’s physician before, so I explained the process to her physician’s nurse. It took a little longer than usual to obtain the necessary prescription, recommendation, and authorization. We worked together to structure a series for low back relief, and she also was able to change jobs and avoid the activities that aggravated her injury. Approaching menopause, she had become mindful of her changing body-mind. The private sessions, a total of eight, provided her the opportunity to restructure her entire Yoga practice to one that supports her better at this stage in her life.

Suggestions

Following are some ideas to help you begin to build a practice: Cultivate relationships with physicians who are open to Yoga and alternative healing. If you are open and pay attention, networking opportunities will present themselves. Be creative. Offer free classes to other health care professionals. Attend health fairs. My job at the hospital wellness center came from a contact made at a senior health fair. Following a meeting at a women’s health fair, I was asked to teach classes to employees for over a year at a regional HMO.

Several key employees and I became friends, and they tell me they are currently working on ways to integrate Yoga into their client benefits.

Some Closing Thoughts

Insurance clients sometimes lack the motivation and discipline needed to progress because they are not paying for classes. Sometimes there is a resistance to healing while their case is being settled. In addition, just when you begin to make progress, the insurance company often cuts off payment. It is thus important to keep lines of communication open with the case managers. I am always grateful to spend some time with them, to really listen to them and respect their feelings. I have also learned to release attachment to the outcome, to empty my mind of preconceived notions and judgments, and to get out of the way of the intuitive flow.

I would like to mention here that because I received my spiritual training as a Religious Science practitioner while I was training in asana practice (my Yoga teachers at the time did not offer teachings on practical spiritual guidance or training), I naturally integrated the two, incorporating Patanjali’s Yoga-Sūtra as one of my main spiritual study texts. Religious Science practitioners are also trained and licensed to work one on one with clients. Unlike Christian Science practitioners, who, I might note, are also reimbursed by insurance companies, we do not interfere in the choice of healing modality. My training qualifies me to work at the spiritual level with my clients, and I feel that my clients and I are drawn to one another for this work.

Because working with insurance companies is so results driven, it is important that I be able to use all my tools to achieve results, and I have never encountered resistance when I work with either client or case manager on the need to incorporate “practical spirituality” into the sessions. I am happy to see that there is a renewed emphasis on practical spirituality and meditation, as I feel that Yoga therapists need practical spiritual tools as well as series of asanas and prānāyāma to share with their clients. Ideas are powerful. Prayer is powerful. Simple movement and breathing techniques yield profound results when used in an atmosphere of loving support and nonjudgment.

Technique can get in the way of the use of our infinite creativity in our work. Let the true essence of Yoga flow!

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As far as I know, there is no legal credentialing process for obtaining reimbursement in Colorado for private Yoga sessions. However, since the reimbursement code I use is also for physical and occupational therapists, I have found it very helpful to have a Colorado teaching credential in occupational fitness and wellness instruction. I did not originally pursue the credential with the idea of being reimbursed by insurance companies—it was actually a requirement for a Yoga instructor’s position in a private healing arts academy licensed by the Colorado Department of Education’s Division of Private Occupational Schools. Via the academy, I submitted the history of my trainings in Yoga and my teaching background to the State of Colorado. The Board of Education certified that my training and experience...
were sufficient by their standards to issue a teaching credential, enabling me to teach at the academy. The application is processed between the school and the credentialing agency, and the credential is issued as a way to establish that students are receiving training from qualified teachers.

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