



## Virginia Integrative Medicine Billing Policy for Private Insurance Effective October 12, 2008

Please read each part of this document carefully. At the end of this document, there is a form stating that you have read and understand Parts One through Four. **Please initial, sign and date this form, return it to our office with your medical forms, and keep a copy of our policies for yourself.**

If you would like a rationale for our billing policies, please see [An Explanation of Our Billing Policy](#). For a description of what your visits will cover, along with approximate times for the visits, please see [What to Expect from Your Integrative Medicine Visits](#).

**Because we are an integrative medicine office, rather than a conventional medical practice, this is a more complex document than a simple fee schedule.**

### PART ONE: OVERVIEW

- **WHY INSURANCE ONLY COVERS PART OF THE COST OF YOUR VISIT**
  - Integrative, personalized care takes more time, explores health issues in greater depth, often addresses multiple complex problems, and involves a significant amount of health and lifestyle coaching.
  - Private insurance companies do not recognize integrative medicine as a specialty and do not pay for integrative medicine visits. They cover conventional medical services only, which typically comprise only a part of an integrative medicine consultation.
  - Since opening our practice, we have made heroic efforts to get private insurance to pay for the integrative medicine services that we provide. This has been extremely difficult as you will see from the complexity of our billing procedures. Most practices of our type avoid becoming contracted providers with private insurance companies. **Because of our efforts, we are able to bill insurance for the insurance allowable portion of your visits, which usually covers a substantial part of the charges for your visits with Dr. Albert.** However, in order to stay in practice, we must charge for the integrative services that are not part of conventional medical care.
- **IF YOUR INSURANCE PLAN ACCEPTS DR. ALBERT AS A COVERED PROVIDER, WE CAN BILL YOUR INSURANCE FOR THE PORTION OF YOUR VISIT THAT INCLUDES COVERED SERVICES.**
  - Covered services include medical history, physical examination, reviewing conventional medications and some medical decision making.
  - When we bill your insurance company, we accept assignment (accept what your insurance company will pay) for the portion of the visit that is covered by insurance.
  - Rarely, a private insurer will allow for a limited number of preventive health-counseling visits. **You must contact your insurer to verify if and how many preventive health-counseling visits you are allowed.** Such visits must be scheduled separately from visits that address illnesses or symptoms in order to be reliably covered by insurance.
- **INTEGRATIVE MEDICAL CONSULTATIONS INCLUDE OTHER SERVICES RARELY PROVIDED BY CONVENTIONAL PRACTITIONERS.** With rare exceptions, private insurance companies consider nutritional evaluation and treatment, lifestyle counseling, some types of health screening, and guided

imagery, stress management and other mind-body interventions to be “not medically necessary”, **and therefore not eligible for reimbursement.** These services include:

- Review of current care and choices for optimal integration of conventional and complementary/alternative (CAM) treatments, testing, and practitioner referrals.
- Coaching regarding setting lifestyle and health priorities and goals. This may include diet changes, supplements, herbs, exercise, stress management, mind body techniques, etc.
- Functional medicine evaluations (such as nutritional, digestive, hormonal, allergic, structural, genomic and toxicological testing) and treatment. These address basic causes of illness and are more complete and comprehensive than conventional approaches to illness.
- **STANDARD HEALTH INSURANCE POLICIES DO NOT PAY THE FULL COST OF THE LONGER AND MORE COMPLEX SERVICES THAT ARE UNIQUE TO AN INTEGRATIVE MEDICINE CONSULTATION. CONSEQUENTLY, WE NEED TO BILL YOU FOR THESE SPECIAL SERVICES.**
  - **The services that are not covered by insurance usually comprise about ½ of the integrative medicine visit.**
  - However if your visit is entirely devoted to nutritional, exercise, or mind-body counseling, the entire visit is unlikely to be covered by insurance.
  - Insurance companies are very precise about what they will and will not cover. **Billing insurance companies for non-covered services is not an option.**
  - **Any charges that are not eligible for insurance reimbursement must be paid at the time of service.**
- **NUTRITION EVALUATION AND THERAPY, AND HEALTH COUNSELING PROVIDED BY DR. WRIGHT ARE RARELY COVERED BY HEALTH INSURANCE. DR. WRIGHT IS NOT A PARTICIPATING PROVIDER WITH ANY INSURER.**

## **PART TWO: BILLING SPECIFICS**

- **INITIAL VISIT CHARGES**
  - **We require a deposit of \$100 (credit card, cash, or check) for the initial appointment with Dr. Albert at the time the initial appointment is made.** If you cancel your initial appointment with less than 3 business days notice, this deposit will be serve as your cancellation fee. **Otherwise, it will be applied to the non-insurance covered portion of your visit.** No deposit is necessary for visits with Dr. Wright.
- **INSURANCE COVERED CHARGES**
  - **Insurance will usually cover a substantial portion of your integrative visit charges. Dr. Albert accepts assignment from many major insurance companies for the portion of provided services that are covered by insurance. The balance of your charge that is not covered by insurance is due at the time of service.**
  - **You are responsible for contacting your health insurance company to determine if your specific plan will cover a medical visit to Dr. Albert.** Insurance plans vary greatly in what restrictions they place upon coverage. Examples of restrictions include, but are not limited to, your insurance company requiring a referral from your Primary Care Provider (PCP), your policy having coverage for an Out-of-Network provider but at a decreased reimbursement rate (such as 50% versus 80%), or your policy not allowing reimbursement for either Out-of-Network or Preferred Providers, but only for physicians listed under their Health Maintenance Organization (HMO) membership.

- At this time, Dr. Albert is a PPO member for Anthem BlueCross/ BlueShield, Southern Health, and United Health Care. He is an HMO member of Southern Health and an HMO “specialty provider” for Anthem BC/BS. **Important: If you are an HMO member, you must contact your insurance company to verify what conditions need to be met in order to be covered, including the need for an initial and/or subsequent referral(s) from your Primary Care Provider (PCP).**
- **Insurance covered charges for medical visits will be billed directly to your insurance company through our billing service, IMBS.** (Charges that are not covered by insurance are handled directly by the Virginia Integrative Medicine office.)
- **You will receive a bill for any insurance deductible and co-payment from our billing service, IMBS, after your insurer has made payment directly to VIM.** Your co-payment and deductible depend upon your insurance plan. Your copayment may be higher for specialists. We request that you pay your co-payment at the time of your visit.
- Insurance companies do not recognize Integrative Medicine as a specialty. Consequently, we can only bill your insurance company for the usual and customary charges for Family Practice physicians, rather than for Integrative Medicine.
- **INITIAL VISIT WITH DR. ALBERT**
  - The cost of the usual initial visit, which is 1-3/4 hours in length, is often billable as a Level 5 Evaluation and Management visit (estimated as being 60 minutes) which is typically covered by insurance, and a 45-minute Lifestyle Coaching visit which is not covered. **You will still be responsible for any applicable insurance co-payment or deductible in addition to the Lifestyle Coaching portion of your visit.**
  - **There is a \$150 charge for the Lifestyle Coaching portion of the visit that is not insurance eligible.** Your \$100 deposit will be applied to this charge leaving a \$50 balance for this specific charge that is due at the time of your visit.
- **FOLLOW-UP VISITS WITH DR. ALBERT**
  - If your visit meets the criteria for an illness-related E & M visit, and is eligible for insurance coverage, the following charges will be billed to you to cover the additional integrative medicine services that are not eligible for insurance coverage. **You will still be responsible for any applicable insurance co-payment or deductible in addition to the Lifestyle Coaching portion of your visit.**
  - 60-minute visits: An additional \$60.
  - 45-minute visits: An additional \$45.
  - 30-minute visits: An additional \$30.
  - For visits without an insurance eligible component, the charge is based on \$180 per hour.
- **ADDITIONAL SERVICES NOT COVERED BY INSURANCE**
  - **Reviews of extensive medical records, beyond what is usual and customary for a normal medical visit, are not covered.** You will be billed separately on a time basis.
  - **Phone consults not covered by insurance.** Phone calls regarding integrative medicine issues that (a) are longer than 5 minutes, and/or (b) involve more than a single, concrete issue will be considered consultations and billed at \$3.00 per minute or \$180 per hour. **Payment is due by credit card at time of service.**
  - **Letters, other than a letter to a referring physician or PCP, are not covered.** Examples of non-covered letters include those regarding disability and explanations regarding your care to other physicians, practitioners, or organizations. You will be billed separately on a time basis.

- **Completion of forms is not covered by insurance.** You will be billed on a time basis.
  - **Formal consultations with other health professionals to discuss your medical concerns are not covered by insurance.** You will be billed separately on a time basis.
  - We copy current lab, test results, and patient notes as a courtesy for our patients. However, **extensive copies of health-care records are charged at 25 cents per page.**
  - **Missed appointment fees are not covered by insurance.**
- **FEES FOR MEDICAL NUTRITION THERAPY, FUNCTIONAL NUTRITION THERAPY, LIFESTYLE COUNSELING, INTERACTIVE GUIDED IMAGERY, AND NUTRITIONAL RESEARCH**
    - **Nutrition evaluation and therapy, and health counseling provided by Dr. Wright are rarely covered by health insurance. Dr. Wright is not a participating provider with any insurer.**
    - We will provide you with a separate superbill with your diagnostic and service codes, and a record of your payment, which you may submit to your insurance company or health savings account for possible reimbursement.
    - A rare insurance company or policy will reimburse for Medical Nutrition Therapy upon receipt of your “superbill,” given an appropriate diagnosis and physician referral. You may want to check with your insurance company to see if this is a covered service. Payment is due at time of service.
    - **Dr. Wright’s nutrition/lifestyle consultation fee is \$125 for the initial 1¼ hour visit, unless a shorter visit (usually 1 hour) is recommended by Dr. Albert.** Included in the fee are Dr. Wright’s preparation and documentation time, and either consultation time with Dr. Albert (if you are being seen by him) or time for a review of your medical history. Occasionally, a longer visit—1½ to 2 hours—is necessary to adequately cover particularly complex issues. See rates below.)
    - Follow-up nutrition, lifestyle, and patient-education consultation fees are as follows: One hour for \$100. Forty minutes for \$75. Twenty-five minutes for \$50. Ten minutes for \$25. (Visits are booked on the hour or half-hour).
    - Extended visits longer than 1-hour are billed at the rate of \$25 per each additional 15-minutes.
    - A patient-requested [Supplementation Recommendation Chart](#) is \$25 for the initial set-up. This chart is a computer-based, printed summary of a visit’s supplement recommendations, which includes sources, scheduling, as well as any specific instructions.
    - Phone calls longer than 5-minutes are billed at the same rate for face-to-face visits.
    - Nutritional research requested by a patient is billed at \$20 for each 15-minute increment.
    - Interactive Guided Imagery is billed at \$100 for an initial 1-hour 20-minute visit and \$75 for each 50-minute follow-up visit. (Visits are booked on the hour or half-hour.)
  - **MISSED APPOINTMENT FEES FOR DR. ALBERT AND DR. WRIGHT**
    - The missed appointment fee is \$100 for the initial appointment with Dr. Albert and 50% of the charge for the scheduled service for follow-up visits and visits with Dr. Wright. The only exceptions are those of extreme inclement weather or a true emergency. We reserve the right to determine whether these criteria are met.
    - Because of the large amount of appointment time scheduled for you, **Dr. Albert requires at least 3 business days notice for initial appointment cancellations.** (Wednesday for the following Monday, Thursday for the following Tuesday, Friday for Wednesday, Monday for Thursday, Tuesday for Friday.) This allows us to contact other patients and give them a chance to see Dr. Albert sooner. Your \$100 deposit will be applied to a missed initial appointment.
    - Dr. Albert requires 24 hours notice for canceling follow-up appointments.
    - Dr. Wright requires 24 hours notice for missed appointments.
    - Missed appointment fees are not covered by insurance.

## PART THREE: LABORATORY TESTING POLICY

We often recommend laboratory testing for our patients in order to gain a more complete understanding of their health status.. We will discuss the purpose and cost of each test with you. The lab testing we recommend falls into two categories:

1. Testing that can be done through local laboratories (such as Martha Jefferson Hospital or University of Virginia Health Services)
2. Testing that is done through non-local, independent, specialty labs.

We will attempt to order your laboratory tests so that they will be covered by your insurance plan. However, this may not always be possible, and we cannot guarantee that your insurance plan will cover your specific tests.

### TESTING THROUGH LOCAL LABORATORIES

Since we do not draw blood in our office, we routinely send our patients to Martha Jefferson Hospital (MJH), which offers comprehensive conventional testing services. **If your plan does not cover laboratory services at MJH, please let us know** (for example, some insurance policies only cover testing done at LabCorp or another contracted lab). Insurance companies have many different individual plans which vary widely in their coverage of laboratory testing. Each plan is unique and we do not have knowledge of your plan's specific requirements and conditions regarding laboratory coverage. **If you have any concerns about your coverage, contact your insurance company directly for clarification.** To check on coverage for a specific test, you will need your diagnostic codes (ICD-9) and the CPT codes from the lab requisition slip. With some exceptions, you should be able to get the conventional testing you need through a laboratory that is approved by or contracts with your insurance company.

### TESTING THROUGH INDEPENDENT, SPECIALTY LABORATORIES

We use specialty laboratories to provide state-of-the-art and comprehensive testing not available from local labs such as Martha Jefferson Hospital. **For kits requiring a blood draw, we charge a \$25 handling/instructional fee.** This fee also covers Martha Jefferson Hospital's extra labor costs of packing and sending out the blood samples. **There is a \$10 handling/instructional fee for each kit that only requires saliva, urine, or stool samples. These charges are not covered by private insurance.**

Such tests may include:

- Comprehensive cardiac profile (cholesterol, lipoproteins, homocystine, CRP, etc.)
- Digestive and stool analyses and/or intestinal permeability analysis
- Hormonal profiles (female, male, thyroid, adrenal stress, melatonin, etc.)
- Estrogen metabolism (cancer prevention)
- Essential fatty acids (red blood cells)
- IgE/IgG allergy testing
- Oxidative Stress Markers
- Genomic testing (testing to determine common genetic variations that influence immunity, detoxification, and risks for certain cancers, heart disease, and osteoporosis)
- Nutrient assessment (vitamins, minerals, and/or cofactors)
- Organic acid profile (metabolic assessment of chronic health conditions)
- Liver detoxification profile
- Toxic metal assessment

**Many of these specialty laboratories do not accept insurance assignment, and will require prepayment.** The prepayment rate is much lower than the charge after rejection by the insurance company. With rare exceptions, the laboratory will send you a superbill to submit to your insurance company, which may or may not reimburse you. Please contact our office if you have questions regarding specific tests. **We cannot, however, guarantee coverage of any test.**

## PART FOUR: NOTICE OF PRIVACY PRACTICES

This notice is required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Effective date: 12-1-2007

This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information.

Please review this notice carefully.

### Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

We are required by law to abide by the terms of this Notice, and we reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice at our facilities and will make paper copies of this Notice of Privacy Practices for Protected Health Information available upon request.

If you have questions about this Notice, please contact our Privacy Officer at 434-984-2846 or by writing to our office at VIM, 901 Preston Avenue, Suites 402-3, Charlottesville, VA 22903.

### We may use and disclose your PHI in the following ways:

- **Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. The people who work for or assist in our practice – including, but not limited to, our doctors and office assistant– may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.
- **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

- **Health care operations.** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.
- **Appointment reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.
- **Treatment options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
- **Health-related benefits and services.** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
- **Release of information to family/friends.** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a baby sitter take their child to the pediatrician's office for treatment of a cold. In this example, the baby sitter may have access to this child's medical information.
- **Disclosures required by law.** Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

**Other Uses and Disclosures.** In addition to the uses and disclosures mentioned previously, we may also use and/or disclose your information in accordance with federal and state laws for the following purposes:

- We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation.
- We may use or disclose your medical information for public health activities, including: the reporting of disease, injury, or disability, the reporting of domestic violence or child abuse or neglect, and the conduct of public health surveillance, investigation and/or intervention.
- We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.
- We may disclose your medical information in the course of certain judicial or administrative proceedings.
- We may disclose your medical information for law enforcement purposes such as complying with a court order, subpoena or warrant, and other law enforcement purposes.
- We may disclose your medical information to a coroner, medical examiner or a funeral director.
- If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.
- We may use or disclose your medical information to researchers conducting research that has been approved by an Institutional Review Board.
- We may use or disclose your medical information to appropriate persons to prevent or lessen a serious threat to the health or safety of another person or the public.
- We may use or disclose your medical information for military, national security, prisoner, and government benefits purposes. Note that disclosures for government benefits purposes are limited to health plans only.
- We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs.
- We may use and/or disclose your medical information as may otherwise be required under federal or state law, including but not limited to disclosures under the Virginia Health Records Privacy Act.

## Your Rights Regarding Your Medical Information:

You have the following rights with respect to your medical information:

- **Confidential communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to VIM Privacy Officer at 434-984-2846 or 901 Preston Avenue, Suites 402-3, Charlottesville, VA 22903, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
- **Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to VIM Privacy Officer at 434-984-2846 or 901 Preston Avenue, Suites 402-3, Charlottesville, VA 22903. Your request must describe in a clear and concise fashion:
  - The information you wish restricted
  - Whether you are requesting to limit our practice's use, disclosure or both,
  - To whom you want the limits to apply.
- **You have the right to inspect and obtain a copy of your medical information.** This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of and/or mailing your records.
- **You have the right to request an amendment of your medical information.** We may deny your request for certain specific reasons, and, if denied, we will provide you with a written explanation for the denial and information regarding further rights you would have at that point.
- **You have the right to receive an accounting of the disclosures of your medical information** made by us in the six years prior to your request, except for disclosures of treatment, payment or operational purposes, and for certain other specific disclosure types.
- **You have the right to request a paper copy** of this Notice of Privacy Practices for Protected Health Information.
- **You have the right to complain** to our practice, the Virginia Department of Health and/or the United States Department of Health and Human Services if you believe that our practice has violated your privacy rights. To complain to VIM, please contact our Privacy Officer at (434) 984-2846 or by writing to Compliance Officer, 901 Preston Avenue, Suites 402-3, Charlottesville, VA 22903. If you choose to file a complaint, you will not be retaliated against in any way.
- You have the right to be provided an authorization for other PHI uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact, VIM Privacy Officer at 434-984-2846 or 901 Preston Avenue, Suites 402-3, Charlottesville, VA 22903.

**This Privacy Policy has been adapted from the American Academy of Family Physicians and from Martha Jefferson Hospital, Charlottesville, VA.**



## Virginia Integrative Medicine Billing Policy for Private Insurance Effective October 12, 2008

Please initial the following statements, sign and date this form, return it to our office with your medical forms, and keep a copy of our policies for yourself.

1. I have read and understood Part One of the Policy Statement describing the overview of VIM billing policies. \_\_\_\_\_ (initials)
2. I have read and understood Part Two of the Policy Statement describing the charges for initial and subsequent visits with both Dr Albert and Dr. Wright.
  - a. **I understand that I will be responsible for any charges not covered by insurance.**
  - b. **I have reviewed the types of services not covered by insurance** (such as, but not limited to, nutritional evaluation and treatment; lifestyle counseling; guided imagery, stress management and other mind-body interventions; telephone consultations; additional time for chart review; letters and form completion, late cancellation fees).
  - c. **I understand that charges for the Lifestyle Counseling portion of my visits with Dr. Albert are not insurance reimbursable.** I understand that any charges that are not insurance reimbursable must be paid at the time of service to the VIM office.
  - d. **I understand that I may still owe a copayment, deductible, or other charge as determined by my insurance company for the portion of my visit that is insurance reimbursable.** I understand that any such charges are separate and distinct from the Lifestyle Counseling charge and any other charges for services that are not insurance reimbursable.
  - e. I understand that if I do not pay my insurance copayment or deductible directly to VIM, I will receive a bill from the VIM insurance billing service, IMBS, after the insurance company has made their payment, and am responsible for these charges. \_\_\_\_\_ (initials)
3. I have read and understood Part Three of the Policy Statement describing charges for Laboratory Fees. It is my responsibility to inform the VIM office if my insurance company only pays for lab services with selected companies, such as LabCorp. \_\_\_\_\_ (initials)
4. I have received Part Four describing the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand how my health information (as a patient of this practice) may be used and disclosed and how I can get access to my individually identifiable health information. \_\_\_\_\_ (initials)
5. I understand that I am responsible for my bill. I agree to pay all costs of collection, including but not limited to agency fees and to pay any necessary and reasonable attorney fees incurred in the collection of my account, whether or not a suit is filed.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_