

Insurance Reimbursement for 1:1 Health Coaching Sessions

The American Medical Association (AMA) and the medical community are actively embracing health coaching for its effectiveness in promoting holistic care, empowering patients, addressing behavioral factors, and contributing to chronic disease management aligns seamlessly with the evolving vision of healthcare as a collaborative and patient-centered endeavor.

This growing acknowledgment of health coaching's effectiveness is underscored by the approval of health coaching billing codes by the AMA in recent years. It is important to note that AMA only recognizes health coaches who are certified by National Board of Health & Wellness Coaches.

An esteemed certification Dr. Rox also holds.

Depending on your coverage, the health coaching sessions offered in Dr. Rox programs could be reimbursable through your health insurance company.

Call your insurance and ask if you have coverage for:

Health and Well Being Coaching.

The approved code for this service is **0591T**.

Ask how many follow-up coaching sessions under code **0592T** are covered.

THEN, ask what your reimbursement rate would be for each of these services and obtain the necessary information that would need to be submitted. Some may also require that your PCP submit a letter of medical necessity.

At present, Dr. Rox does not bill insurance, but instead your insurance company may reimburse you if the above service codes are covered in your plan. If they are covered, you would then supply Dr. Rox with the required documentation your insurance provider needs to have completed in order for you to be reimbursed.



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SAMPLE LETTER OF MEDICAL NECESSITY

The following letter is only intended as a SAMPLE Letter of Medical Necessity that outlines the information a payer/plan may request. Use of this letter does not guarantee coverage for the service. The prescriber (physician) is responsible for the content of this letter and should customize all bracketed information in blue with the appropriate information.

SAMPLE Letter of Medical Necessity

[Physician's Letterhead] [Date]

[City, State, ZIP Code]

RE: Coverage for Health and Wellness Coaching

Patient: [Patient Name]

Date of Birth: [Date]

Diagnosis: [Diagnosis], [ICD-10-CM]

Dear HSA/FSA Plan:

I am writing on behalf of my patient, [Patient Name], to document the medical necessity to treat their [Diagnosis] with [Coach name, a National Board Certified Health and Wellness Coach at (Coach Business LLC Name / NPI: xxxxxxxxx / EIN: xx-xxxxxxx/ Health and Wellness Coaching Taxonomy code: 71400000X)].

This letter serves to document my patient's medical history and diagnosis and to summarize my treatment rationale. Please refer to the [List any Enclosures] enclosed with this letter.

Summary of Patient's Medical History and Diagnosis

[Patient Name] is [Age] years old and was initially diagnosed with [Diagnosis] [ICD-10-CM] on [Date]. [Patient Name] has been in my care since [Date].

[Provide a discussion of the patient's clinical history, current symptoms and condition, any potential contraindications, and any relevant laboratory test results, highlighting the factors leading you to recommend use of the service]

Rationale for Treatment

[Include your clinical rationale and reasons for prescribing the service]

In summary, [Service Name] is medically necessary and reasonable to treat [Patient Name's] [Diagnosis], and I ask you to please consider coverage of [Service Name] on [Patient Name's] behalf. Please refer to the enclosed supporting documents for further details, and do not hesitate to call me at [Phone Number] if you have any questions or if you require additional information.

Thank you for your attention to this matter.

Sincerely,

[Provider Signature]

[Prescribing Physician Name and Credentials] [NPI Number]

Enclosures: [List any Enclosures]

