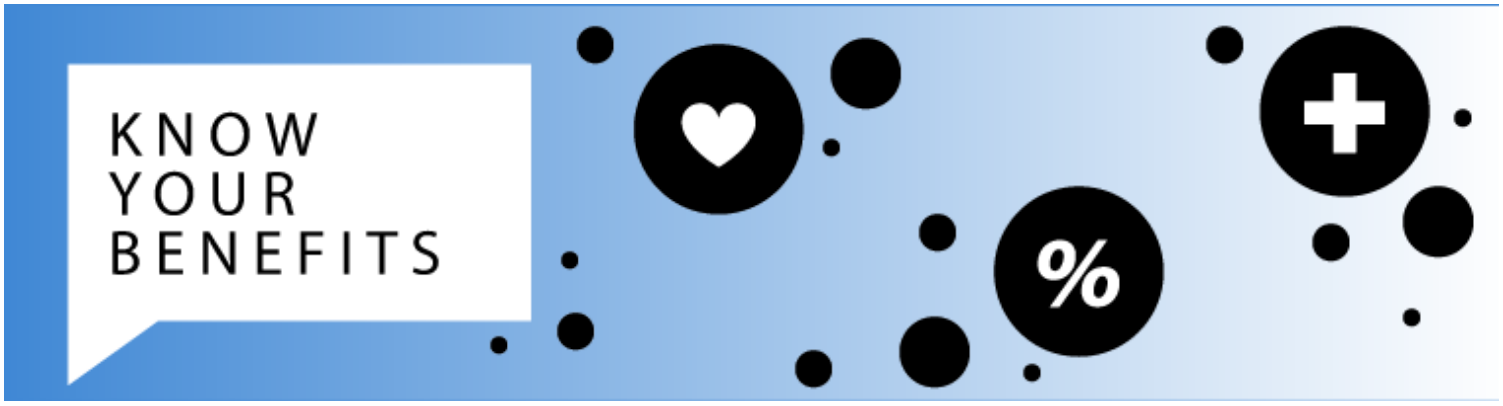


How to Reduce the Cost of Alternative Care

NIS
National Insurance Services

If you've considered acupuncture, specialized chiropractic care, functional medicine or integrative mental health counseling, you may have found that insurance coverage does not always work the same way it does for traditional medical care. Even when a provider does not accept insurance, you may still have options to help reduce your out-of-pocket costs.

Alternative and integrative care continues to grow in popularity as more people seek ways to manage pain, stress and chronic health conditions. According to the National Center for Complementary and Integrative Health (NCCIH), more than 1 in 3 U.S. adults now use some form of complementary or integrative health approach. Yet many of these providers work outside traditional insurance networks, which can leave you feeling as though your health plan offers little value for the care you actually want. In many cases, a document called a superbill and benefits employees may already have, including out-of-network coverage, health savings accounts (HSAs) and flexible spending accounts (FSAs), can help offset costs.

This article explains how superbills and existing benefits can help reduce the cost of alternative care, as well as how to prepare for an upcoming appointment.

The Financial Gap in Alternative Care

Many alternative and integrative providers operate on a cash-pay basis. That means you may be responsible for paying the full cost of care at the time of your appointment rather than a copay or coinsurance amount negotiated through an insurance network.

According to NCCIH, approximately 59 million Americans pay out of pocket for complementary healthcare services, spending more than $30 billion annually, including $14.7 billion on practitioner visits. The average annual out-of-pocket cost for these visits is $433 per person, highlighting a meaningful affordability gap for individuals seeking holistic and integrative care.

While these costs can create a financial challenge, paying for care out of pocket does not always mean you must absorb the entire expense yourself. Depending on your health plan, you may be eligible to seek reimbursement through your plan's out-of-network benefits.

How a Superbill Works

Even if a provider does not accept insurance, you may still be able to seek reimbursement yourself. A superbill is a detailed receipt that a provider issues after you pay for care. It includes the information an insurer needs to consider a claim, similar to what a provider would otherwise submit directly on your behalf.

After receiving the superbill, you can submit it to your health plan for consideration. If the plan includes out-of-network benefits, a portion of the cost may be eligible for reimbursement. Reimbursement is not guaranteed, as it depends on the plan's coverage rules, deductible and specific out-of-network benefit provisions.

A superbill typically includes:

- Your name and date of birth
- The provider's name, credentials and national provider number
- The date and location of services rendered
- Diagnosis and procedure codes for the visit
- The total amount charged for the visit
- The amount you paid

While a superbill may help you access available out-of-network benefits, you may still be responsible for some out-of-pocket costs. Fortunately, other benefits may help reduce those expenses as well.

Using Your HSA or FSA for Alternative Care

If you are unable to receive reimbursement through your health plan or if reimbursement covers only part of the expense, an HSA or FSA may provide another way to manage costs.

Under IRS Publication 502, many services associated with alternative and integrative care, including acupuncture and chiropractic treatment, may qualify as medical expenses when used to diagnose, mitigate, treat or prevent a specific medical condition, rather than to support general wellness. If a service qualifies, you may be able to use pre-tax dollars from your HSA or FSA to pay for the expense. Eligibility can vary based on the type of treatment, your plan and your individual circumstances. Some services may require additional documentation, such as a Letter of Medical Necessity.

Review the IRS list of eligible medical expenses to better understand which services qualify.

Before Your Next Appointment

Navigating alternative and integrative healthcare can require a little more planning than visiting an in-network provider. Taking the following steps before your next appointment can help you better understand the potential costs, identify available reimbursement opportunities and avoid surprises after treatment:

- **Review plan documents**. Verify whether your health plan includes out-of-network benefits.
- **Ask for a superbill**. Confirm your provider can issue a superbill after your visit.
- **Check HSA and FSA eligibility**. Confirm the planned service qualifies as an eligible medical expense and determine whether a Letter of Medical Necessity may be required.
- **Keep your documentation**. Save itemized receipts, superbills and any supporting documentation.

Understanding your options before receiving care can help you make the most of available benefits and better manage your out-of-pocket healthcare expenses.

Conclusion

Choosing alternative or integrative care does not necessarily mean paying the full cost on your own. Tools such as superbills, out-of-network benefits, HSAs and FSAs may help reduce your out-of-pocket costs. Understanding how these resources work together can help you make more informed decisions about your healthcare and your finances.

Reach out to us for more information about your plan's out-of-network coverage and eligible healthcare accounts.

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