



What are Non-Covered Services?

Your medical insurance benefits are governed by a contract with your insurance company. In this contract, the insurance provider details those medical interventions and procedure that are allowed, which are called covered services. Those medical interventions and procedure that are not covered are called **non-covered services**.

In deciding what an insurance company considers covered and non-covered services, they are typically guided by a principle that assesses if a procedure is “medically necessary.” There is usually a code or legal definition that they ascribe to. For example, medically necessary could be defined as a procedure that is required to identify or treat a recipient’s illness, injury, or disability. Such a procedure would have to be warranted by the individual’s symptoms and be consistent with the defined standards of acceptable care by the conventional medical system. They may require that the procedure or intervention be supported by research and not be what they deem “experimental.” The following is a list of items that may be considered “non-covered services”:

- Dietary counseling, treatment and diagnostic procedures primarily for obesity or for weight reduction.
- Dental health services, particularly if preventative in nature.
- Treatment or removal of corns, callosities, or the cutting or trimming of nails.
- Fertility testing, diagnosis, evaluation and treatment.
- Artificial insemination, in vitro fertilization and embryo transfer procedures.
- Genetic testing, genetic treatment, or genetic engineering:
- Nutrition care, supplements, supplies or other nutritional substances.
- Services related to any surgical, laser or nonsurgical procedures or alterations of the refractive character of the cornea for correction of near-sightedness and/or astigmatism.
- Orthopedic shoes or orthotics for the feet.
- Food antigen and/or sublingual therapy.
- Mental health services, psychological or alcoholism and drug abuse counseling services.
- Cosmetic service or cosmetic surgery.
- Organ and tissue transplantation.
- Home health, skilled nursing care, skilled nursing facility and hospice services.

Another phrases that you often see in your contracts with your insurance company are these:

- “A medically necessary procedure cannot be solely for the convenience of the recipient and/or their family.”
- “If a non-covered service is provided to a covered person, the covered person has the responsibility for payment.”

This and other phrases like it are important for you to understand. The bottom line is that while you may think something is medically necessary or critical for your health, that has no bearing on whether the procedure will be covered by your insurance company. And if the insurance company has decided it is not covered, either that service is not available to you or you will have to pay for it out of pocket.

While many of the services provided by naturopathic physicians are covered by medical insurance, some of the services that naturopathic medicine strongly believes to be an important part of health care, such as prevention, lifestyle interventions, and nutritional counseling, may not be covered by your insurance company. We are providing this handout to you in order to educate you about the realities of your health care coverage so that you will be in the position to make informed choices, both concerning the insurance companies you do business with and about the services that may or may not be available to you.

Non-Covered Services: Consent for Treatment

The following services may or may not be covered by your insurance plan.

Wellness services and counseling. I understand that Dr. Piscopo and Dr. Thomas are licensed to provide counseling and wellness services but they are not psychologists or psychiatrists. Counseling services are focused on lifestyle issues, relationship issues, and wellness – not to treat or diagnose major mental illnesses. Wellness and counseling services may fall outside the guidelines for medically necessary treatment and therefore may not be covered by your insurance plan. I request and agree to pay for these services regardless of the insurance company's determination of benefits.

Nambudripad's Allergy Elimination Techniques (NAET). This service is typically billed as a regular office visit, though it could be considered a contract exclusion by some insurance plans.

Maintenance/ Palliative Care. Services in this category, which include many treatments for chronic conditions, are not considered curative. They therefore may not be deemed medically necessary by your insurance company and may not be a covered service.

Laboratory Testing. Some laboratory tests may not be covered by your insurance plan. These may include candida testing, cancer screening, blood typing, food allergy panels, digestive analysis, heavy metal testing or any laboratory testing not specifically approved by your insurance company.

Other _____

I _____ hereby request and personally agree to accept full financial responsibility for the medical care received from the Alpine Valley Wellness Center, which may include non-covered services as determined by my current insurance benefits.

(Patient's Signature or Signature of Legal Guardian) Date _____

(Patient's Social Security Number) OR _____
(Legal Guardian's Social Security Number)