OSTEOSTRONG®

Methods to lessen the financial burden for our members

Insurance Coverage (Medicare, PPO, HMO, etc.)

Depending on the member's insurance plan, they may be eligible for some amount of reimbursement when the member's health care provider writes a Medical Letter of Necessity that contains either the ICD10 code M81.0 and/or CPT code S9970. The process is outlined below and should be done yearly.

ICD10 M81.0 (Diagnosis of Osteoporosis obtained by their physician)**:**

This is the method where we have seen a member get a full pre-paid year covered. Note, this will take time and effort of the member consistently following up to see if they have accepted the claim or not. The member will:

- ❑ Ask their doctor for:
  - ❑ A prescription for Osteogenic Loading Therapy
  - ❑ A quarterly Physical Therapy Request/Referral for Osteogenic Loading Therapy 1x week for 3 months
  - ❑ A medical letter of necessity. For example, if the member has been diagnosed with osteoporosis the doctor might reference the ICD10 M81.0 code (see docs below)
- ❑ Ask their insurance what other documentation needs to be submitted in the claim
- ❑ Ask their insurance what exactly needs to be on the bill when submitting the claim
- ❑ Submit the claim and consistently follow up with them to check for coverage

CPT S9970 (Health Club Membership Reimbursement):

Many insurance companies cover a portion of a health club membership, and because this is specifically for health clubs, the coverage is typically in the $200 - $400 range. We'd recommend trying to submit the ICD10 code with the medical letter of necessity and see if insurance will reimburse you and if not, you can follow up with this method to submit a claim under the CPT S9970 code. The member will:

- ❑ Ask the insurance carrier "**Does my plan cover CPT S9970?**"
- ❑ Ask them to define exactly (Document these answers!)
  - ❑ When is it covered?
  - ❑ How much is covered?
  - ❑ Ask for the agent's full name and a reference number for this conversation
- ❑ Ask their doctor for:
  - ❑ A prescription for Osteogenic Loading Therapy
  - ❑ A quarterly Physical Therapy Request/Referral for Osteogenic Loading Therapy 1x week for 3 months
  - ❑ A medical letter of necessity. For example, if the member has been diagnosed with osteoporosis the doctor might reference the ICD10 M81.0 code (see docs below)
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Tax Write Off

This is the simplest method, and in some situations, can be combined with other methods below. Members will need to contact their tax professional to confirm these steps, and below is simply an example of what other members have had success with. The member:

- ❏ Needs to ask the doctor for a prescription for Osteogenic Loading
- ❏ Will to keep a copy of all related OsteoStrong bills for that year
- ❏ Will work with their tax professional to include these docs in their tax return
- ❏ Will then keep a copy of the documents for their records

OsteoStrong is not responsible for any billing of or negotiating with third parties and does not guarantee reimbursement through these methods. Members are responsible for payment regardless of outcome.

Resources:

Note: The member that had their entire year paid for approached the insurance company and negotiated payment, supplying prescriptions, PT referral requests, OsteoStrong receipts and description of Osteogenic loading (below).

Description: Osteogenic loading triggers systemic musculoskeletal adaptive responses within bone, muscles, tendons & ligaments. OsteoStrong sessions provide a physical medicine modality for increasing bone density, improving balance, strength & posture, and reducing back & joint pain.

Health Savings (HSA) & Flexible Spending Accounts (FSA)

Not all HSA/FSA programs cover OsteoStrong out of the box. The good news is that this is usually because of an administrative issue in ***THEIR*** system. If your HSA card is not accepted, call the provider's number found on the back of your HSA card to request adding OsteoStrong to their list and try again. If the provider needs additional documentation, you can send them a copy of the doctor's packet. If you need an additional copy, please contact your OsteoStrong center.

HSA/FSA can be used two ways:

- ❏ Member pays "out of pocket" and submits OsteoStrong receipt to the HSA provider
- ❏ Member uses their HSA/FSA debit card for monthly billing or pre-paid membership plans

Documentation that the member will want to have:

- ❏ Ask their doctor for:
  - ❏ A prescription for Osteogenic Loading Therapy
  - ❏ A medical letter of necessity. For example, if the member has been diagnosed with osteoporosis the doctor might reference the ICD10 M81.0 code (see docs below)
- ❏ Ask their provider what other documentation needs to be submitted in the claim
- ❏ Ask their provider what exactly needs to be on the bill when submitting the claim

Sample Medical Letter of Necessity:
V1: https://go.osteostrongatx.com/medical-nec-v1
V2: https://go.osteostrongatx.com/medical-nec-v2
Sample Records Release Letter from OS to Member's Physician:
https://go.osteostrongatx.com/recordrelease
Sample Letter to Member's Physician to record results in their Medical Records:
https://go.osteostrongatx.com/letterforphysician
Sample Doctor's Packet: https://go.osteostrongatx.com/research