

Receiving Insurance Coverage for a BioMat

The BioMat with its Far Infrared and Negative Ion Therapy is a viable solution for pain management, stress management and body detoxing. Far Infrared Therapy has widely been accepted in the orient as a standard for pain management, stress management and body detoxing, and it is an exciting time as it is finding its way into the medical community in America.

It is rather simple to collect compensation for a BioMat via an automobile insurance policy if injuries were suffered and a payment warranted. However, auto insurance payments are usually limited and the amount billed for a BioMat will be deducted from the total sum available for complete medical assistance.

The documentation below is based upon the experience of those able to collect insurance from their providers.

Typically the steps to achieve Insurance Coverage for a BioMat are as follows:

1. Discuss the BioMat as a viable option with your medical practitioner.
2. Once a positive decision to use the BioMat as a therapy of choice has been reached a determination must be made to either:
 - Purchase a BioMat immediately and wait for reimbursement knowing that full, partial, or no reimbursement at all may be received.
 - Delay purchase until the insurance provider communicates a determination of remittance.
3. The Practicing Physician will then need to provide the following to the Insurance Provider.
 - A prescription
 - A letter requesting Insurance Coverage
 - A Consultation Letter
 - FIR data sheet (if deemed necessary)
 - A Medical Invoice provided by the BioMat Representative
 - Examples of Insurance Coverage

CPT Codes

Many insurance carriers will cover the expense of Far Infrared Treatment of their subscribers charged to code 97026 or 97034, "Infrared Radiation Therapy" when prescribed by a physician. Other codes used include:

CPT Code	DESCRIPTION
97026	Medicine: Application of a modality to one or more areas; infrared
97034	Medicine: Application of a modality to one or more areas; contrast baths, each 15 minutes
77600	Hypothermia
99070	Materials and Supplies - Far Infrared Therapy Pad as equipment
HCPCS Code	DESCRIPTION
E0221	Infrared Heating Pad System

Sample Letter Requesting Insurance Coverage

An example of "The Letter Requesting Insurance Coverage" is provided below. This letter may be all that is needed when submitting for an Auto Accident Claim or to more liberal Insurance Providers:

{Date}

{Insurance Company, i.e. State Farm Insurance Company}
{Street Address, i.e. P.O. Box 9608}
{City, State Zip Code, i.e. Winter Haven, FL 33883}

Attn: {Insurance Representative's Name if available}

RE: {Claim Number if appropriate in case of an accident}

Dear {Insurance Representative}:

I am recommending and prescribing that {patient's name} obtains a BioMat to aid in the management of her/his {condition, i.e. chronic musculoskeletal condition}. This would allow {patients name} to treat her/his {condition} at home as often as needed. Continued use in an ongoing manner is recommended because the healing effects are cumulative.

The BioMat is an FDA - approved medical device (FDA registration: 3002743035). The full description of this product is: Insurance Procedure 99070, Amethyst BioMat Professional 7000 MX with Conducting Pillow for proper cervical alignment. The BioMat is used in intensive care units and for post-operative treatment in hospitals in Japan and Korea and is gaining recognition in the United State rapidly.

I am enclosing two examples of insurance coverage on the BioMat for your review. My recommendation is medically necessary; however, should you have any questions or require additional information not to exclude submittal on a standard insurance claim form, please feel free to contact me at my office.

Thank you, for consideration regarding this matter.

Sincerely,

{Signature}

{Practicing physician}

Consultation Letter

The Consultation Letter should be submitted for tougher cases, medical insurance claims, or when Insurance Coverage for a BioMat is in doubt with providers such as Blue Cross Blue Shield or Medicare. This is a typical format used by most MD's. Appropriate headings are listed below with headings suggesting wording about the BioMat supplied. The Physician may not need to use all of the headings.

{Date}

{Insurance Company, Consulting Physician or Patient}

{Street Address, i.e. P.O. Box 9608}

{City, State Zip Code, i.e. Winter Haven, FL 33883}

Patient: {Patient's Name}

Chief Complaint: {Claim Number if appropriate in case of an accident}

Dear {Insurance Co. Representative, Consulting Physician, or Patient}:

History of Present Illness:

Diagnostics:

Past Medical History:

Past Surgical History:

Medications:

Drug Allergies:

Social History:

Family History:

Psychiatric History:

Review of Systems:

Physical Examination:

- **Vital Signs:**
- **General:**
- **Specific Area Examinations:**

Impression:

Recommendations: With the patients long-term and continued use of prescription medication and the potential for complications due to these medications, I am recommending and prescribing that {patient's name} obtains a BioMat to aid in the management of her/his {condition, i.e. chronic musculoskeletal condition}. This would allow {patients name} to treat her/his {condition} at home as often as needed. Continued use in an ongoing manner is recommended because the healing effects are cumulative.

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Closing Remarks:

Sincerely,

{signature}

{Attending Physician}