

Acupuncture Network, Insurance Company Work Together for Better Patient Care

INFORMATION CAMPAIGN LEADS INSURER TO RECONSIDER ITS POSITION

Editorial Staff

While some health care practitioners and health insurance providers feel that they often coexist on an adversarial level, it doesn't always have to be that way. A recent incident in California highlights what can happen when the two groups put their patients' well-being ahead of their own philosophies.

On January 17, 2001, Cigna Healthcare, one of the largest health insurers in the nation, informed a California-based acupuncture network, Acu-Care, that it had changed its policy toward acupuncture services. Instead of covering a wide range of conditions for which acupuncture has been shown to be effective, Cigna issued a statement to Acu-Care saying that only three diagnoses indicating the use of acupuncture - nausea resulting from chemotherapy; nausea due to pregnancy; and adult postoperative dental pain - would be accepted for coverage and reimbursement.

In response to Cigna's policy change, the president of Acu-Care, Ilan Migdali, LAc, contacted the organization's national medical director. The director explained that Cigna's accepted diagnoses stemmed from the 1997 National Institutes of Health's consensus statement on acupuncture, which states that "there is clear evidence that needle acupuncture is efficacious for adult postoperative and chemotherapy nausea and vomiting and probably for the nausea of pregnancy" and that "there is evidence of efficacy for postoperative dental pain." The director also expressed a willingness to work with Acu-Care, and offered to review any information and scientific research Acu-Care presented about acupuncture in order to consider adding conditions to be covered.

While an early part of the consensus statement does indeed mention the efficacy of acupuncture for nausea, vomiting and postoperative dental pain, other parts discuss more than a dozen conditions for which acupuncture could be useful. For instance, a section on the use of acupuncture in comparison to (or in combination with) other forms of care states that "musculoskeletal conditions, such as fibromyalgia, myofascial pain, and tennis elbow, or epicondylitis, are conditions for which acupuncture may be beneficial." It further states that there is either "ample clinical experience, supported by some research data," or "positive clinical trials" suggesting that acupuncture could be a reasonable option for a number of clinical conditions, including myofascial pain; postoperative pain; low back pain; stroke rehabilitation; carpal tunnel syndrome; osteoarthritis; asthma; addiction; and headache.

In response to Cigna's stance, Acu-Care instituted an information campaign designed to educate and inform the insurance giant about acupuncture's benefits. First, Acu-Care contacted its network members, who in turn informed their patients of Cigna's decision. Acu-Care members also began collecting scientific abstracts, articles from peer-reviewed journals, and other information explaining acupuncture's efficacy in treating a variety of conditions, so that they could be presented to Cigna for review.

The information campaign worked better than anyone had expected. On January 25, 2001, Acu-Care was contacted by Cigna. The network was told that several patients had called Cigna to report on the benefits they had received from acupuncture, and that they demanded continuation of treatment. As a result of the response from patients and practitioners, Cigna ended up issuing a clarification to Acu-Care, informing them that the policy revision would apply only to a very limited number of HMO and point-of-service plans. Cigna also reaffirmed its position toward acupuncture, informing Acu-Care that the diagnosis guidelines for their PPO policies would remain as broad and as comprehensive as they were previously, and that PPO patients would continue to be covered for approximately 20 conditions, including back pain, bursitis, sciatica, tendonitis and tennis elbow.

"This outcome demonstrates the important role that practitioners and patients have in requesting and receiving desired health benefits," said Dr. Migdali upon hearing of Cigna's clarification.

"The results people receive from our medicine, and the type of relationship that develops between us, are both strong and influential," he continued. "I would like to see this energy used to further enhance insurance coverage and improve the reimbursement rates acupuncturists receive. Remembering this strength, accessing it and channeling it will help practitioners stand for their rights and their vision of how our medicine will be practiced. It will ultimately result in better health care."

Acu-Care's ability to develop an effective information campaign in a short amount of time provides an excellent (and all-too-rare) example of what an acupuncture organization can do if its members band together to work for a common good. Cigna's willingness to work with Acu-Care, meanwhile - and its clarification of what diagnoses would and would not be covered - shows what can happen when insurers and provider networks cooperate to try and deliver the best possible care for their patients.

Editor's note: While Cigna has clarified its position as to what diagnoses will be covered under its health care plans, Acu-Care has decided to continue gathering research and information about acupuncture. To find out more about Acu-Care, or to become involved in the network's information campaign, please contact:

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