

# Alternative Billing Codes and Yoga: Practical Issues and Strategic Considerations for Determining “What is Yoga Therapy?” and “Who is a Yoga Therapist?”

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## Abstract

*Alternative billing codes (ABC codes) have been developed to identify alternative medicine, nursing, and other integrative health care services, including unlicensed practices such as Yoga. Using the lens of ABC codes to examine what it would take to become recognized in this system highlights many of the issues Yoga therapy will have to address to be viewed as a professional practice offering therapeutic services. Among these issues are organized representation, standards, and a mechanism for national accreditation. For discussion purposes, illustrative standards for Yoga therapists are sketched out in the appendix (Editors’ note: See this issue’s Editorial for further thoughts on the development of Yoga teaching and Yoga therapy standards in the United States).*

## Introduction

Many Complementary and Alternative Medicine (CAM) therapies are not covered by health insurance, even if provided by licensed practitioners. CAM therapies provided by unlicensed practitioners, such as Yoga therapists, are usually not covered at all.<sup>1</sup> One important reason for both cases of non-coverage is that conventional billing codes do not describe many CAM services.

Alternative billing codes have thus been developed by a private firm called Alternative Link to identify alternative medicine, nursing, and other integrative health care interventions, including both licensed and unlicensed services such as Yoga.<sup>2</sup> Alternative Link provides

many other important complementary technical services as part of a comprehensive effort to reform the health care system to better support health and wellness services.<sup>3</sup> Reviewing this effort with a focus on Yoga provides a means for examining many of the practical issues and strategic considerations involved in Yoga therapy gaining acceptance as a recognized therapeutic intervention.

## Professional Foundations

Lack of conventional medical evidence for efficacy, safety, and cost-effectiveness is often considered one of the most important barriers to CAM insurance coverage. For unlicensed practices such as Yoga therapy, the lack of professional foundations is another key barrier. These foundations include 1) a definition, 2) a scope of practice, 3) standards of training, and perhaps most importantly 4) organized representation. These four components might be called the political fundamentals for an effective voice in our evolving health care environment.

The need for these fundamentals is clearly revealed by examining both how Yoga is currently reflected in the alternative billing codes and how these codes might be improved. Similar issues are faced by most of the other unconventional, unlicensed disciplines. Developing these foundations has been a hallmark of the evolution of alternative practices into licensed, professional practices. These foundations are also important for other practices that wish to be recognized but not licensed.

## Not Just for Licensing and Insurance

State licensing is the current paradigm in the conventional health care system for protecting the public by defining minimal standards of training, overseeing tests for competency, and providing accountability.<sup>4</sup> One of the challenges for CAM in our health care system is how to best utilize practices and disciplines that are not licensed and indeed may not want to be. Since the goal of Alternative Link is to accurately identify health care services delivered by *all* types of providers, licensed and unlicensed, in order to evaluate efficacy, safety, and cost effectiveness, the firm also seeks to appropriately identify credentialed but unlicensed practitioners.

The purpose of this paper is not to put forth an argument for licensing or insurance coverage for Yoga therapy. In the author's opinion, credentialed but unlicensed is the model most likely for Yoga therapy. This examination of billing codes is used, as indicated above, to highlight the practical issues and strategic considerations for Yoga. Pursuing insurance coverage for Yoga therapy, for instance, is controversial. Tailoring interventions to suit third party reimbursement requirements tends to impose mechanistic solutions to narrowly defined problems, which is antithetical to the holistic and personal growth orientation of Yoga. In addition, students/clients who pay out of their own pocket tend to be well motivated, a key issue given that much of the treatment recommended by a Yoga therapist involves daily personal practice.

On the other hand, there are students who would prefer regular, long-term work with a Yoga therapist as a primary or complementary intervention but who cannot afford

that kind of individual professional attention. As a result, they may select another discipline covered by their insurance, such as physical therapy, psychotherapy, or allopathic medicine. In addition, some CAM providers feel their discipline will not be economically viable without insurance coverage.<sup>5</sup>

According to Kenneth Pelletier, Ph.D., M.D., a well-known CAM

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researcher and writer, "incorporating CAM into the existing health care system may entail some compromise on the part of CAM therapies. CAM providers will probably need to align themselves more closely with the prevailing medical model if they wish to be reimbursed by third party payers."<sup>6</sup> Further consideration of the pros, cons, and possibilities of insurance coverage for Yoga is beyond the scope of this article.<sup>7</sup> Simply addressing what it would take to be appropriately characterized in billing codes, however, begins to address *what it would take to be recognized as a professional discipline fully prepared to offer therapeutic services.*<sup>8</sup>

## Background

Medical billing codes are part of the technical infrastructure of our modern health care system, akin to bar codes in the grocery store. They "were devised for two reasons: as tools for the settlement of claims for compensation dependent on the codes' ability to communicate information pertaining to diagnostic and

therapeutic procedures and for clear outcome data related to the analysis of efficacy of treatment as well as measures of cost-effectiveness for underwriters."<sup>9</sup>

Conventional billing codes are the Current Procedural Terminology (CPT) codes developed by the American Medical Association. These codes have long dominated billing codes for allopathic medicine and therapies, and with a few exceptions they do not capture CAM therapies (Yoga, for instance, is not in CPT system<sup>10</sup>). With the growth in utilization of CAM, there is a concurrent interest in codes that accurately capture the many therapies consumers are actually using. These codes are usually a necessary but not sufficient condition for third party payment.

## Genesis of the Alternative Billing Codes

The origins of the alternative billing code effort lie in a personal health experience by Melinna Gianini, founder of Alternative Link and an insurance agent with experience in medical plans and third party administration:

"In 1992 I developed a very painful kidney problem that started as water retention and discomfort. By May of 1994, the situation had escalated to inability to void fluids, mental confusion, constant pain and depression. I had three rounds of tests that included sonograms, cystoscopy and x-ray flow tests. No diagnosis was ever formulated in all that time. I was given five rounds of penicillin but I kept getting sicker and sicker. Finally a friend recommended I try an alternative

M.D. in Roswell, New Mexico. Within two weeks, I had lost 14 pounds of fluid, had gained control of my problem and felt better than I had in over two years. The holistic practitioner made me feel responsible for my own care and I felt empowered versus helpless. Her entire course of treatment, including herbs, injections, follow-up and adjustment of dosage was less than \$500. The previous two years had cost my insurance company \$15,000. They happily paid for the tests, doctors and drugs that did not improve my condition, but were unwilling to pay for alternative treatments. The idea dawned on me that if alternative treatments were reimbursable by insurance companies, this was the answer to the health care crisis. *Codes equal pay* was the way it danced in my head. Since that time, people and support have come together, resulting in the ABC coding system.”<sup>11</sup>

### Alternative Billing Codes

The alternative billing codes are the Advanced Billing Concept (ABC) codes originally developed by Alternative Link and now in transition to being supported by the non-profit Foundation for Integrative Health Care (FIHC).

Alternative Link’s *ABC Coding Manual for Integrative Healthcare*© describes and defines the services of *practitioners* who provide the following health care services:<sup>12</sup>

Acupuncture  
Ayurvedic Medicine  
Bodywork  
Botanical Medicine

Chiropractic  
Clinical Nutrition  
Conventional Nursing  
Holistic Medicine  
Holistic Nursing  
Homeopathic Medicine  
Indigenous Medicine  
Massage Therapy  
Mental Health Care  
Midwifery  
Naturopathic Medicine  
Oriental Medicine  
Osteopathic Medicine  
Physical Medicine  
Somatic Education

### Implications for Yoga

Yoga teachers and Yoga therapists are not listed as practitioners by Alternative Link, as ABC codes and services are primarily, but not exclusively, for *licensed* practitioners

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(exceptions are discussed below). Initial guidelines for including licensed practitioner types were:

- There must be licensure for the modality/service/therapy in at least one state.
- There must be a mechanism for national certification or accreditation.
- There must be a means for securing malpractice insurance for the licensed practitioner.

Yoga appears under “Multi-Specialty Treatments” within “Movement Modalities” for both group classes and individual instruction.

Section B:

Multi-specialty treatments  
Movement modalities

BBABF

Yoga, group, Activity or exercise, Movement modalities, Multi-specialty treatment.

Performance in a group setting of two or more individuals of instruction, demonstration and oversight of a discipline that focuses on the muscles and posture of the body, breathing mechanisms and consciousness and mental well-being by exercising, holding positions of the body combined with proper breathing and meditation. See referral codes ADYAF through ADYAK if referring to *a person or entity who is trained to provide this service to the public*<sup>13</sup> (emphasis added).

Similarly, but for individual sessions:

BBABK

Yoga, individual, Activity or exercise, Movement modalities, Multi specialty treatments.

This begs the following sort of questions:

- Who is qualified to teach Yoga in this system?
- In this context of CAM therapies, the manual refers to “Yoga,” but is the intent really “Yoga therapy”?
- What is Yoga therapy, and what is the difference between Yoga and Yoga therapy?

Yoga practices for fitness, relaxation, and/or spiritual *sādhana* tend to be different from Yoga practices for therapeutic intervention for a specific matrix of individual condi-

tions and aspirations.<sup>14</sup> The lack of differentiation in this regard is one of the key shortcomings of the treatment of Yoga in the ABC codes.

As mentioned earlier, not all of the practices listed by Alternative Link are licensed, Ayurvedic Medicine being one example. For a better comparison with Yoga, however, consider the *practice* Bodywork and the *practice specialty* Feldenkrais.<sup>®</sup> Like Yoga, Feldenkrais is not licensed and is taught in both group and individual sessions. Feldenkrais, however, is in this set of codes as a practice specialty because it is a well-defined discipline and has clear and (relative to Yoga) high standards of training for practitioners.<sup>15</sup>

#### CBBBE

Feldenkrais<sup>®</sup>, Awareness Through Movement<sup>®</sup>, group, Bodywork, Somatic education and massage, Practice specialties.

Verbally guiding gentle, exploratory movement sequences organized to promote a specific human function, with the intention of increasing awareness of multiple possibility of action in a group setting. Thinking, sensory perception and imagery are involved in examining each function. *Any provider using this code must show additional training and/or certification* (emphasis added).

For individual sessions:

#### CBBBBF

Feldenkrais<sup>®</sup>, Functional Integration<sup>®</sup>, individual, Bodywork, Somatic education and massage. Practice specialties.

Use of words and gentle, non-invasive touch to guide a patient to an awareness of existing and alternative movement patterns. The practitioner communicates to the patient how to organize him/herself and suggests additional choices for functional movement patterns. The intent of the touch is to communicate and not to correct. Any provider using this code must show additional training and/or certification.

Comparison with Feldenkrais begs additional questions such as:

- Should Yoga therapy be listed as a practice specialty in the ABC Coding Manual?
- How might this be achieved?
- Should there be a distinction between Yoga and Yoga therapy?
- Who represents Yoga in these sorts of decisions?

Yoga is not listed as a practice specialty because 1) the discipline is so broad and 2) what would constitute a qualified Yoga teacher for ABC coding purposes is not well defined. Related to this may be the inherent confusion about whether Yoga or Yoga therapy is being referred to in the ABC description.<sup>16</sup> Yoga therapy has not yet been well defined in the United States, and there are no national standards for certification of practitioners. Indeed, there is much confusion within the Yoga community about what constitutes Yoga therapy, as readers of this journal are well aware from past editorials. Being a non-licensed therapy, sorting this out must have initially been a relatively low priority for Alternative Link. Alternative Link and the FIHC, however, will readily work with practitioner associations

to accurately describe practices represented by the associations.

The Yoga Alliance does maintain a national registry of Yoga teachers who meet their minimum recommended standards of training

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for teaching. These standards, however, are voluntary, relatively low, and “inclusive” compared to standards in other health care disciplines.<sup>17</sup> In any case, they are not designed as professional standards suitable for Yoga therapists.

## Representation

One of the goals of the FIHC is to have a representative, democratic process to ensure “each term and corresponding practitioner category gains a code that concurrently supports constituent interests and public health, industry efficiencies and Congressional intent under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).<sup>18</sup> To this effort, the FIHC appears to have a well-developed training and representation process, starting with “each Member Association within each Profession.”

So far, however, there are no representative Member Associations from Yoga. The primary candidates appear to be the International Association of Yoga Therapists (IAYT) and the Yoga Alliance. The IAYT is a membership organization that publishes the annual *International Journal of Yoga Therapy* and the tri-annual *Yoga Studies* newsletter, along with providing a referral service for professional members, but currently lacks the resources to become active in forums such as this.<sup>19</sup> The Yoga Alliance is larger

and more active in terms of standards setting but to date the organization has explicitly refrained from addressing definitions and standards for therapists. Yoga Alliance standards are for Yoga teachers, not Yoga therapists.

## Practical Steps and Current Barriers

Alternative Link and the FIHC are very open to suggestions on how to better describe the services of the diverse complementary and alternative disciplines. The first step is to formally submit a “Code/Terminology Request,” which “may originate from Member Associations, ABC Workgroups, the ABC Panel, the Foundation, Alternative Link or the general public.”<sup>20</sup> This sets in motion the carefully developed procedure to review the request in a democratic and representative manner.

In my own experience, the most common reason students initially come for individual Yoga therapy sessions is a structural problem, such as chronic lower back pain. Suppose an individual Yoga therapist or membership association wanted to establish a code for this, i.e., individual therapeutic sessions for the *location* lower back. They would first submit a request to put the process in motion.

This brings into play two broad questions, “Who would represent Yoga?” and “How would Yoga therapy be conceptualized and compartmentalized for this purpose?” Yoga is certainly not alone in wrestling with these questions—the representation and description problems are faced by all conventional and CAM disciplines.

In the author’s opinion, it would be most helpful to have a practice specialty for Yoga therapy. Like Feldenkrais, practitioners eligible to

use the code for this specialty would have to show appropriate certification for specialized training. This brings us to another barrier, the lack of a consensus definition of Yoga therapy and a common set of standards for certification of Yoga therapists.<sup>21</sup> At the request of the editors of this journal, the author has sketched out a draft set of illustrative standards, which are shown in the appendix.

## Conclusions

The development of billing codes for alternative medicine is but one example of many national developments underway to better understand and utilize the CAM therapies many consumers are already using. Better billing codes are only one of many steps required for the conventional system to better support health and wellness efforts. Alternative Link has developed a comprehensive foundation but it

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will be up to the individual disciplines to be adequately represented there and elsewhere.

Many Yoga teachers and therapists simply will not be interested in participating in the conventional third party financed health care system. Indeed, in the author’s view, it is unlikely the option to do so will develop anytime soon.<sup>22</sup>

Still, understanding efforts like the ABC codes and thinking through their implications for Yoga and the other CAM disciplines is important for the development of unorganized CAM therapies regardless of whether they actually wish to attempt to procure insurance coverage. The inter-

esting question pertains not to whether Yoga therapy should be covered by insurance, but rather is more visionary, “What would it require for Yoga therapy to be well recognized and well prepared to offer professional services?” In my view, organized representation able to answer questions concerning definition, scope of practice, and standards for training is a necessary first step to create a profession that is more than a set of isolated individuals. Examining these issues using the forge of alternative billing codes and similar efforts across the CAM policy development landscape is one helpful practice to motivate the effort and sharpen the focus.

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*tance on the CPT system was provided by Shanon Gardner at the Center for Integrative Medicine in Little Rock, Arkansas. Shirley Gilmore, Ph.D., Professor Emeritus of the University of Arkansas College of Medicine provided thoughtful editorial review. The original suggestion and encouragement to write this article were provided by Trisha Lamb Feuerstein, coeditor of the International Journal of Yoga Therapy. Finally, the author is pleased to acknowledge much assistance over the years from Joy Fox of the Wattle Hollow Retreat Center near Fayetteville, Arkansas, on related portions of this work and especially for ongo-*

ing inspiration regarding the essence of Yoga.

## Appendix

### Illustrative Standards for Yoga Therapists

*For discussion only*

At the request of the editors of this journal, the author has sketched out illustrative standards for Yoga therapists as a starting point for discussion.<sup>23</sup> In part, these standards reflect minimal expectations of the conventional health care system for CAM therapists. Licensing is not suggested, and many important administrative details are not addressed. The focus is on principles, not specifics. The intent is to develop a set of standards that reflect substantial training, experience, and accomplishment. Formal development of standards should be a broadly representative collaborative effort of knowledgeable practitioners and educators.

### Definition

Yoga therapy provides instruction in yogic practices and teachings to prevent or alleviate pain and suffering and their root causes. It is best taught one-on-one to address the unique matrix of conditions and aspirations of the student/client.

### Scope of Practice

Practices may include, but are not limited to, *âsana*, *prânâyâma*, meditation, sound and chanting, personal ritual, and prayer. Teaching may also include, but is not limited to, directed study, discussion, and lifestyle counseling.

Yoga therapy may address any of the dimensions of life. In the clas-

sical tradition, these are the five *koshas* of the human being. In contemporary terms, these may be approximated as the anatomical, physiological, intellectual, emotional, and spiritual dimensions.

### Core Competence

Therapeutic application of *âsana*, *prânâyâma*, and meditation, plus a sound understanding of Yoga philosophy with respect to the different dimensions of the human being, the various sources of suffering, and the theory and practice of prevention and alleviation at multiple levels.

### Purpose of Standards

- To aid and protect the public by identifying qualified practitioners
- To support the development of Yoga therapy as a recognized and responsible discipline
- To provide recognition for substantial training, experience, and accomplishment

### Principles behind Standards

A Yoga therapist is a well-trained and well-experienced Yoga teacher with substantial additional training in therapeutic applications, clinical practice, and biomedical science.

### Standards

Well-trained Yoga teacher:

Meets Yoga Alliance standards @ the 500-hour level

Well-experienced Yoga teacher:

Four years and 1,000 hours teaching experience

Additional training totaling 300–500 hours and divided among:

- Therapeutic applications (in-

cludes clinical practice skills as well as pertinent Yoga philosophy and Ayurveda)

- Biomedical sciences (the equivalent of two college semesters of Anatomy and Physiology)
- Practicum or Externship (documented practice as a Yoga therapist)

### Endnotes

1. Discounted fee-for-service Yoga classes through CAM network providers should not be confused with covered health care benefits. For more on this, see Janet Thorp, "Making Alternative Medicine a Viable Part of Health Insurance System," *Health Insurance Underwriter*, Jul 2000. (Also available from the Alternative Link Website, <http://www.alternativelink.com/press>.)

2. Alternative Link (<http://www.alternativelink.com>) has an excellent and comprehensive website addressing many fundamental CAM integration issues related to their service.

3. In January 2003 an important milestone for these new codes was reached when the U.S. Department of Health and Human Services authorized a test of these proposed modifications to the coding standards for the nation's health care transactions.

4. One important complementary technical service of Alternative Link is to keep track of which CAM practice is licensed to do what in each state.

5. In my view, a more fundamental question is, "Who decides what is 'therapy'—the consumer, the insurance company, the conventional medical profession, or the government?" Medical savings accounts (MSAs) are one method by which the consumer has much more control of this decision. As I have argued elsewhere, Yoga therapy appears eligible for MSAs. See "Yoga Therapy and the Tax Code," *International Journal of Yoga Therapy*, 2001, no. 11, pp. 103–105.

6. Pelletier, Kenneth. *The Best Alternative Medicine*. New York. Simon & Schuster, 2000, p. 276. This is an excellent survey of "evidence based" alternative medicine by one of the authoritative voices in the field. For a good discussion of CAM insurance, see chapter 12. For a review

of this work with a focus on the relevance for Yoga therapists, see the author's review of this work in *International Journal of Yoga Therapy*, 2002, no. 12, pp. 113–115.

7. Another good policy discussion of insurance issues for CAM providers can be found in the recent report from the White House Commission on Complementary and Alternative Medicine Policy (<http://www.whccamp.hhs.gov>). For a discussion of this relative to Yoga, see the author's analysis, "Yoga Therapy and Complementary and Alternative Medicine Policy," *Yoga Studies*, May – August 2002.

8. Of course, there are a few individuals already practicing as therapists. A profession, however, is more than isolated individuals operating independently.

9. Rolley, M. Biomedical therapy business model allows full CAM integration. *International Journal of Integrated Medicine*, Jan 2000, 18(1). (Also available via <http://www.alternativelink.com/press>.)

10. Some Physical Medicine and Rehabilitation Codes may have occasionally been utilized for Yoga, e.g., from *cpt*® 2002, *Current Procedural Terminology* by the American Medical Association:

**97710** therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

or

**97112** neuromuscular reeducation of movement, balance coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing.

11. Rolley, M., op cit.

12. Formerly, the *CAM & Nursing Coding Manual*, © 2002, a coding and procedural reference tool based on the ABC Codes™ for Complementary and Alternative Medicine and Conventional Nursing.

13. Section A: Clinical Practice Charges, Ordering and referring

**ADYAJ** Referral to Yoga class, no charge. Ordering and Referring, General Service and reference codes, clinical practice charges. Although the billing provider may not be providing the Yoga class/service, they may be attaching a bill for the Yoga class/service as part of the client treatment. The ABC codes to follow will be BBAFB and BBAFK.

14. For a good discussion of this principle using the Viniyoga orientation model, see Gary Kraftsow, *Yoga for Transformation* (New York: Penguin, 2002), pp. 31–42. Most other methodologies, however, will logically have similar adaptations for therapeutic applications.

15. See <http://www.feldenkrais.com/aboutfgna>. For more on relative training standards, see John Kepner, Victoria Strohmeier, and Staffan Elgelid, "Wide Dimensions to Yoga Therapy: Comparative Approaches from Viniyoga, Phoenix Rising and Feldenkrais," *International Journal of Yoga Therapy*, 2002, no. 12, pp. 25–38. "To become a certified Feldenkrais practitioner a student must attend a 4-year, 800 contact hour guild certified Feldenkrais training" (p. 37).

16. Also, where would Yoga or Yoga therapy be placed? Under the Bodywork category? Initially this seems most logical, but it would perpetuate the common Western misperception of Yoga as a physical practice, ignoring all of Yoga and Yoga therapy's other dimensions.

17. The minimum national standards for the Yoga Alliance specify 200 hours of training, which also corresponds to popular month-long residential training programs. The higher level requires 500 hours of training, but, again, these standards are not designed for therapists. As might be expected in such a new effort focused on unity, the depth, breadth, and focus of registered programs are far from uniform. The author recognizes that there were many tradeoffs involved in developing the first set of national standards for Yoga teacher certification. Despite many technical reservations, much credit should be given to the dedicated efforts of so many to develop these standards.

18. See "The Role of the FIHC in ABC Code Development" under "Code Development" on the Alternative Link website (<http://www.alternativelink.com>).

19. In recent years many important forums have been developed to wrestle with how to best integrate CAM therapies with conventional health care. Yoga is often casually mentioned, but in substance it is not well represented as a *bona fide* CAM therapeutic intervention. Among these forums are the recently completed White House Commission on Complementary and Alternative Medicine, the Integrated Health Care Policy Consortium, and a new effort sponsored by the National Academy of Sciences and

the Institute of Medicine entitled "The Use of Complementary and Alternative Medicine by the American Public." For more on the WHCCAMP report, see the author's paper "Yoga Therapy and Complementary and Alternative Medicine Policy," *Yoga Studies*, May – August 2002.

20. See the Alternative Link website, Code Request page, [http://www.alternativelink.com/cod\\_dev](http://www.alternativelink.com/cod_dev).

21. In the author's view, it is reasonable to expect that Yoga therapists should be well trained and well experienced Yoga teachers first, with additional training and experience in therapy and related clinical practice skills, including intake, observation, assessment, recommendations, follow-up, referral, recordkeeping, etc. A related base of support should be adequate training in basic Western biomedical sciences. Others might argue for basic Ayurvedic skills as well. This is not the forum to argue for specifics, but only to bring out current CAM issues where these deficiencies are limiting the development of the profession.

22. For an individual and thoughtful example of an exception, see Dea Jacobson, "Yoga and Insurance Billing: Receiving Reimbursement for Worker's Compensation and Auto Insurance Providers," *International Journal of Yoga Therapy*, 2002, no. 12, pp. 105–109.

23. The author appreciates the support and assistance of Trisha and Georg Feuerstein in this effort.

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