



Insurance Reimbursement for Reiki Sessions

BY JANE VAN DE VELDE, RN, ND

In September 2006 I received a telephone call from a nursing friend. At that time, she was working as a consultant for a case management group and wanted to discuss a potential Reiki referral with me. I am a Reiki Master Teacher and practitioner and have been developing my own private Reiki practice for several years. My professional background is in nursing, and I have experience in community based services, homecare, hospice and geriatrics.

The referral was for a woman named "Sarah" who had severe cardiac and respiratory disease. She was obese and on continuous oxygen at home. Sarah had many psychological issues and personal challenges with her husband and children. Both my nursing friend and the registered nurse from the case management group are attuned to Reiki, and they felt that Sarah might be able to benefit from Reiki sessions to help her manage her stress, improve her sleep, and support healthy immune function. I agreed to make an evaluation visit to determine whether Sarah would be willing to receive Reiki services. My first home visit to Sarah was in September 2006. With her permission I continued to see her approximately twice a month for almost a year.

I kept detailed progress notes of each home visit that I made to Sarah and every month mailed a copy of these notes to the case management group. I also contacted this group by phone whenever I needed to discuss Sarah's care. Clients sign a release that gives the case management group permission to share medical information with other providers of care. The group was always receptive to my input regarding Sarah's progress, and I was made to feel an integral part of her care. Each month, I would submit an invoice to the case management group for the visits that I had made to Sarah. My invoice would then be sent directly to her insurance company for payment, and I would receive a check within 4-6 weeks after submission.

In the past two years, I have received eleven referrals for Reiki services from this case management group. Some of the clients were short term, receiving two-four sessions. Others were long-term, receiving over twenty sessions. These clients have consistently reported feelings of well-being, improved sleep, decreased stress/anxiety, and increased clarity in thinking. Several reported that Reiki helped them better manage various physical symptoms. One client was attuned to Level I Reiki so she could treat herself. Reiki was an integral part of the care plan for these clients with complex medical/psycho/ social problems.

My affiliation with this case management group as a Reiki practitioner has been a remarkable but unusual opportunity. As I began to do research for this article, I came to realize that insurance reimbursement for Reiki treatments is uncommon in the United States. There are a number of reasons why this situation exists. But in order to understand why this is so unusual, it is necessary to look at the bigger picture and consider Reiki in the context of Complementary/Alternative Medicine (CAM) therapies. The primary focus of this article will be on insurance reimbursement for Reiki as an outpatient service.

Background information

According to the National Center for Complementary and Alternative Medicine (NCCAM), "CAM is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine." Reiki is considered to be a CAM treatment and falls under the category of energy medicine and more specifically bio-field therapy. These types of therapies "are intended to affect energy fields that purportedly surround and penetrate the human body. The existence of such fields has not yet been scientifically proven." (1)

Conventional medicine is practiced by professionals who have received a standardized education and have often achieved advanced degrees. They are licensed by the state in which they practice. Some of these professionals include medical doctors, physical therapists, registered nurses, clinical social workers and psychologists. Conventional medicine may also be referred to as allopathic or Western medicine. Conventional medicine is the driving force of health care in the United States today, yet consumers are more and more looking towards less traditional therapies as a way of enhancing their health and well being. This is evidenced by the amount of money that Americans are spending out-of-pocket for CAM treatments.

In May 2004, NCCAM and National Center for Health Statistics (NCHS) released findings from the 2002 National Health Interview Survey (NHIS) that questioned over 34,000 Americans about their health and illness-related experiences. (2) A number of questions were related to CAM use. This survey found that in the United States, 36% of adults are using some form of CAM. When megavitamin therapy and prayer specifically for health reasons are added to this number, it increases to 62%.

This survey revealed that deep breathing exercises, meditation, and progressive relaxation were the most commonly used mind-

body therapies. In terms of energy medicine, 2,264 (1.1%) of those interviewed had used energy healing therapy/Reiki at some point in time, and 1,080 (.5%) had used this type of therapy in the previous 12 months.

Unfortunately, this survey did not include questions on health care spending but there is data from an earlier survey on expenditures for CAM. The 1997 National Health Expenditures Survey reported that the U. S. public spent an estimated \$36 billion to \$47 billion on CAM therapies in 1997. Of this amount, between \$12 billion and \$20 billion was paid out-of-pocket for the services of professional CAM health care providers. (3)

It is evident that many consumers are seeking something that conventional medicine may not always be providing them. They are turning towards a more integrated approach to managing their health. The concept of integrative medicine is becoming more widespread and combines traditional Western medicine with CAM treatments. The philosophy of integrative medicine is to treat the whole person, not just the disease.

Current status of third party reimbursement for CAM

In 2000, the White House Commission on Complementary and Alternative Medicine was established. Its purpose was to examine a variety of issues related to CAM, such as access and delivery of CAM; research priorities; education and training, and dissemination of information about CAM to the public. The final report for this Commission was published in 2002 and can be accessed at <http://www.whccamp.hhs.gov/>.

The Commission reported the following in regards to the current status on coverage and reimbursement for CAM services:

- Most fees for CAM services and products are paid out-of-pocket by consumers.
- In the last several years, a number of health plans have begun to cover certain CAM services, although the prevalence of this coverage is relatively low compared to coverage of conventional therapies. Examples of CAM therapies that are most commonly covered by insurance include chiropractic, acupuncture, massage therapy, biofeedback, and naturopathy.
- Large employers (those with more than 20,000 employees) were more likely to offer CAM benefits than medium and smaller employers.
- Insurance coverage may also have strict guidelines for use of the CAM therapies, e.g., ceilings on the number of covered visits; restrictions on clinical applications, and fixed qualifications for the type of practitioner.

The White House report also states that consumer demand has been and will continue to be significant in the movement towards third party reimbursement for CAM services in the private sector. Employers are beginning to respond to employee requests for more CAM programs by negotiating with insurers for these desired ben-

efits. Employers are interested in recruiting and retaining valuable employees and a comprehensive health care package is important.

One way that employers can offer some coverage of CAM services for employees is through medical savings accounts. Flexible Spending Accounts (FSA) would be one example and have been available since the late 1970's. An FSA is a voluntary program offered by employers that allows their employees to pay for eligible out-of-pocket health care and dependent care expenses with pre-tax dollars. An FSA is most commonly used to cover medical expenses not paid for by insurance such as deductibles, co-payments, dental and vision expenses, and some over-the-counter medication and supplies. These accounts are regulated by the federal government's Office of Personnel Management. More information, including a detailed list of eligible expenses, can be accessed at <http://www.FSAfeds.com/>. "Alternative medicine," the category which would cover Reiki, is listed as an expense that is "potentially eligible" if it is prescribed and rendered by a licensed health care provider to treat a specific illness or disorder. Health Savings Account (HSAs) and Health Reimbursement Accounts (HRAs) are two other types of medical savings accounts offered by employers that could potentially cover the cost of Reiki treatments. Internet sites with additional information about medical savings accounts include: <http://www.irs.gov/publications/p969/ar02.html> and <http://www.ustreas.gov/offices/public-affairs/hsa/>.

Barriers to Insurance Coverage of Reiki

There are several significant barriers that hinder most CAM practitioners from receiving third party coverage for their services. Insurance and managed care companies want to be assured that finite health care dollars are spent on care that has been proven both safe and cost effective. In considering coverage for CAM treatments, providers will primarily look at the scientific evidence proving the clinical effectiveness of the treatment, and the credentialing/licensure of CAM practitioners. These barriers are both applicable to the current status of Reiki practice in the United States.

1. Scientific Evidence of effectiveness CAM therapies

Rigorous scientific investigation of many CAM therapies does not exist or is in its infancy. NCCAM states that "while some scientific evidence exists regarding some CAM therapies, for most there are key questions that are yet to be answered through well-designed scientific studies—questions as to whether these therapies are safe and whether they work for the diseases or medical conditions for which they are used."⁽¹⁾ The White House Commission on CAM Policy noted that "evidence of clinical effectiveness in the treatment of illnesses and injuries will form the basis for sound coverage and reimbursement policies for CAM."⁽⁴⁾

While there is much anecdotal evidence that supports the value and efficacy of Reiki, the number of research studies is limited. There are a few promising studies on Reiki that have used a randomized controlled design, but the number of patients in

these studies is small. Other published research on Reiki has used a descriptive or case report design. According to Reiki Master Pamela Miles, “Any treatment not shown to be effective from a scientific perspective is much less likely to be offered to patients or to be reimbursed by medical insurance policies.” (5) It is clear that there is need for large scale, well-designed studies on the efficacy and cost-effectiveness of Reiki.

It is important for Reiki practitioners to have up-to-date knowledge about Reiki research. NCCAM tracks research being conducted on CAM therapies. Currently there are five studies on Reiki that are either completed or still recruiting. (6) The International Center for Reiki Training is developing a site that will compile and report on all Reiki research that is published or ongoing. This information will soon be available on Reikiinhospitals.org. There are also a number of scholarly articles about Reiki which can be downloaded from the Reikiinmedicine.org Web site.

2. Credentialing and Licensure of CAM providers

Insurers want to guarantee that the health care services they cover are provided by qualified practitioners whose services meet recognized standards of care. They want to avoid any risk of liability should an adverse event occur. Credentialing verifies that a practitioner has received a standardized education in their field, has achieved a certain level of competency based on standardized testing, and provides patient care services within a specified scope of practice. Evidence of ongoing continuing education is often part of this process.

In the United States, each state is responsible for the licensure of healthcare providers. But there is wide variation among the states in terms of who can be licensed, the type of license granted and with what scope of practice. Each state is able to set its own standards for professional regulation. To date, there are three types of CAM providers who are most commonly licensed by each state: chiropractors (all fifty states), acupuncturists (over forty states), and massage therapists (over thirty states). It is these CAM therapies that are most commonly covered by some insurance providers. (7)

The practice of Reiki is not currently regulated in any state with the exception of Florida where Reiki practitioners must be licensed massage therapists. Reiki practitioners, for the most part, are able to practice independently in the United States without government oversight and regulation. The issues surrounding licensure of Reiki are covered in a comprehensive article entitled “Keeping Reiki Free” by William Rand. (8) This article can also be downloaded from the www.Reiki.org Web site.

Implications for Reiki Practitioners

Will Reiki ever be covered by insurance as part of a standard benefits plan? Probably not in the near future.

However, my personal experience demonstrates that there are exceptional instances in which Reiki services can be reimbursed. Without question, my nursing credentials and experience were advantageous in this situation. The growth and acceptance of inte-

grative health care services is important to our Reiki practice. What can we do as Reiki practitioners to develop ourselves professionally so that case management and integrative health groups will begin to view our services as valuable and integral to a patient's plan of care? For those who choose to seek integration into conventional health care systems, there will be a need to professionalize their practices. Here are some suggestions to begin this process:

1. Develop a professional Reiki portfolio that details your Reiki training, on-going education, Reiki activities, related work experience, professional licensing, and other credentials. Include copies of your training certificates and other licenses. I have a one-page resume that describes both my Reiki and nursing experience. I also have a detailed curriculum vitae which is available upon request.

2. Design your practice according to a Reiki Code of Ethics. These are available through the International Association of Reiki Professionals and the International Center for Reiki Training. Include this information in your professional portfolio.

3. Maintain a file of personal references from clients and students that attest to your experience and abilities as a Reiki practitioner.

4. Consider purchasing professional liability insurance. This insurance is available through the International Association for Reiki Professionals as well as other professional organizations. I have been asked for proof of liability insurance by several health care venues where I have offered Reiki services.


5. Develop your skills in documenting Reiki sessions for clients. Begin to organize your notes in a manner that is similar to medical documentation. You may be asked to submit client documentation for reimbursement purposes. Maintain strict confidentiality with all your client records.

6. Become familiar with current and ongoing Reiki research. Keep a file of research and other scholarly articles that can be copied and distributed to clients and health care professionals.

7. Educate your clients about Reiki. Encourage them to tell their health care providers, especially physicians, about their Reiki experiences and how Reiki has positively impacted their well-being.

8. Encourage and assist your clients in submitting requests to their employers and insurance companies for coverage of Reiki sessions, especially through medical savings accounts. Consumer demand is essential to changing the system.

9. Seek opportunities to both educate and offer Reiki treatments to health care professionals.

Reiki practice will continue to grow and evolve. The barriers that currently inhibit Reiki's integration into conventional health care systems are not insurmountable. I believe that with more research, consumer demand and the growth of integrative health care, the current system will eventually begin to change, especially in regards to reimbursement issues. 

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