



JOHNSTONE'S JOURNAL is published monthly, and designed to provide topical information of interest not only to plan administrators, but to all employees who enjoy coverage under the benefit plan. Feel free to make copies, and use as a payroll staffer.

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## Medically or Dentally Necessary How this could influence the payment of your claim

### What do you mean "it's not covered"?

You have just had a massage treatment at the spa, but when you submitted your claim, you learned that the claim isn't eligible without a doctor's referral.

You have just been told that your insurer will not pay for the crown your dentist suggested.

Even though your doctor recommended it, the new knee brace you purchased for this ski season won't be reimbursed.

What's the problem? You've reviewed the benefits booklet and see that it shows your plan covers massage therapy (not all plans do), and that crowns or knee braces are covered. Perhaps a co-worker had massage therapy paid for by the plan, or you've had crowns paid for before, or the manufacturer of the knee brace told you that you could claim it on your extended health care plan.

All insurance contracts state that reimbursement is only for services that—in the insurer's assessment—are reasonable and customary, and also medically necessary for health care and maintenance, or dentally necessary to maintain or restore teeth. The insurer requires evidence that proves this necessity, and it's up to you or your practitioner to provide that proof.

### Massage Therapy

Massage therapy is available to anyone who makes an appointment. However, it is an eligible benefit only when performed for medical reasons by a licensed practitioner, and may require a prescription from your physician. If a doctor's referral is required, submit a copy of it along with your claim. If your plan does cover massage therapy, it is only a benefit when provided by an accredited therapist. See the [July 2013 Johnstone's Journal](#) for more information.

### Dental Services

Dental plans are designed to cover maintenance and restoration of the teeth and gums, but not to attain a Hollywood standard of dental beauty. If your dental plan lists crowns as a benefit, they are only eligible when used to restore a structurally compromised tooth. X-rays might be required to prove this. Crowns that are used only to prevent problems in the future, or are used to correct tooth colour, shape, or alignment, are not a benefit.

Whether considering a crown, or any other type of dental service, remember that the dentist is your expert advisor, but ultimately the course of treatment is your choice. Dentists differ in their treatment philosophies—some prefer to "wait and watch," while others take a more aggressive approach. If you're not comfortable with their proposal, ask them to explain the alternatives and the pros and cons of the options.

### Medical Equipment and Supplies

Many people purchase knee braces to allow them to ski, play tennis, or participate in other sports. This is considered a lifestyle decision, and not medically necessary. However, knee braces are eligible when prescribed by a physician when they are needed for daily activity. Once again, it is up to you and your medical practitioner to show the medical necessity of the device.

### Make Sure Before You Make a Purchase

These are just some examples of procedures or services that may not be automatically covered by your plan. To avoid surprises, confirm your coverage with a pre-determination.

As described in our [February 2012 Johnstone's Journal](#), pre-determinations will tell you exactly what is covered before you proceed with the purchase or service. If you are unsure of how to proceed, give us a call.