



## Does your health insurance cover physical therapy? Kind of, maybe.

"So even though physical therapy is conservative and effective and a lot of times that's what people want from their healthcare team... it's just that it's really hard to access unless you're somebody who has parental leave, sick time, a nest egg, maybe a health savings account." - **Ariel Wynne, PT**

*Dispatcher: 911, what's your emergency?*

*Caller: America's healthcare system is broken and people are dying! (ambulance siren)*

Welcome to **Code WACK!** where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host **Brenda Gazar.**

(music)

This time on Code WACK! What insurance hassles do physical therapists and their patients face under our current healthcare system and why are patient costs all over the place? To find out, we spoke to **Ariel Wynne**, a physical therapist and board certified pelvic health clinical specialist in Chicago. Ariel recently opened her clinic, **Ground Floor Physical Therapy** which specializes exclusively in pelvic floor physical therapy for all genders.

**Welcome to Code WACK! Ariel.**

**Wynne:** Thank you for having me.

***Q: Tell us a little bit about yourself and how you became a physical therapist.***

**Wynne:** Yeah, so like most people who end up in health care, I wanted to help people and my mom had actually gone to school to be a physical therapist but had to drop out because of financial reasons. So it was kind of a “living vicariously” moment and I had talked to a bunch of my friends and they all talked about how their physical therapist was there to really give them their life back so they got surgery or they were injured and their physical therapist was there with them week by week every time seeing them repeatedly and really focusing on what they wanted to get back to. So it was something that really clicked.

***Q: Yeah, and that’s how it should be. And what is a pelvic floor physical therapist and what conditions do they treat?***

**Wynne:** I always joke that a pelvic floor physical therapist is just a physical therapist. so we're still looking at musculoskeletal conditions, we're still looking at functional movement. All physical therapists are going to look at the injured part of the body and then the joint above and the joint below because we know that if you have pain in your knee you might have some weakness in your hip. And so we want to make sure that we are looking at anything that might be affecting that problem so that we don't miss anything. So I always say that the pelvic floor is nipples to knees cause we're going to need to look at the back, we're going to need to look at the hip, the knees, sometimes even feet, how people are getting in and out of chairs. All these things can be hugely important for the pelvic floor.

And I always say the the six P’s of people who need pelvic floor PT are people who are having issues with peeing, pooping, playtime or sexual activity, people who have pelvic pain, are pregnant or postpartum and anybody post-surgery, especially like the abdominal and pelvic surgeries. Anybody can benefit from pelvic floor PT regardless of gender, regardless of if you've had kids or have gone through menopause. If you're having issues with any of those, those are functional activities that pelvic floor PT is specialized in.

***Q: Great. I'm so glad you explained that. I think some people are under the impression that it's just a female thing, right?***

**Wynne:** Exactly. I can't tell you how many times I have male patients come in and they don't even know that they have a pelvic floor until after they've had surgery or somebody's ruled out their pain coming from a UTI or anything like that. So they come to me and they're like, I really don't know why I'm here <laugh> or what you do.

***Q: Yes, right. So if you can just explain briefly what is the pelvic floor?***

**Wynne:** Yeah, so the pelvic floor is a sheet of muscle that goes from the pubic bone to the tailbone and between both butt bones and so it controls everything going in and out. So that's why a lot of people associate it with incontinence and giving birth. But it does also support your pelvis so it's not unusual for people to have pain with sitting and at the tailbone, pain with walking or going up and down stairs. So it contributes also to gait and stability and getting out of a chair, moving your abdominal muscles and it also has some support of the pelvic organs as well. So it keeps things up and in place.

***Q: So does health insurance typically cover physical therapy? If they do, talk to us about the biggest insurance hassles your patients face.***

**Wynne:** Absolutely. So the fun fact about pelvic floor PT is that we are not reimbursed any differently than your ankle sprain physical therapist. So we use the exact same codes, the exact same billing times, big difference is that we see our patients one-on-one rather than in a big gym. If anybody's gone to physical therapy, they'll be familiar with the big gym, lots of tables, all the physical therapists treating together.

With pelvic floor PT, we're one-on-one so it's a little bit different. Obviously you need privacy for that type of therapy, but if your insurance company covers physical therapy and most of them do, it'll be covered the same exact way. The big issue is that a lot of insurances will classify physical therapy as a specialty, which it is, but because it's considered a specialty, your copays, your co-insurance, your deductibles, all of those things are applied and you need to see your physical therapist at least once a week a lot of times.

Sometimes people are even seeing them two or three times a week to get stronger, to get the care that they need, to get the mobilizations that they need. So if you're paying your \$30 copay three times a week, that's a lot of money for a lot of people and that out-of-pocket cost doesn't even count – have you met your deductible? Do you have co-insurance? What's your out-of-pocket maximum? And so a lot of times people are just intimidated by this really giant number.

So we'll see people who we're seeing in December completely drop off in January when their deductible resets because they just can't afford it and then there's also the more mundane issues of childcare, transportation. Do I need to take time off work with all of these multiple appointments? So even though physical therapy is conservative and effective and a lot of times that's what people want from their healthcare team, they don't want to jump to surgery and pharmaceuticals and

imaging, they want this type of care. It's just that it's really hard to access unless you're somebody who has parental leave, sick time, a nest egg, maybe a health savings account. So if you don't have those things, those more mundane everyday things can get in the way. And a lot of insurance companies also put up barriers like prior authorization, which I'm sure you're familiar with, and they'll try to limit the amount of visits you get per year, sometimes to as little as five.

***Q: So how does that interfere then with someone's care? Like I mean if they're not fully healed or if they don't feel as strong as they need to be, then what happens?***

**Wynne:** Yeah, absolutely. A lot of those limits are across the board. So it will be whether you have an ankle sprain or ankle surgery, you get those five visits or however. And so as a physical therapist you're now left with this conundrum of 'do we spread this out so that you can come back once a month and maybe not get the highest quality of care?' Or do we start talking, 'hey you're going to come twice a week for these three weeks, which is what I would recommend and you're going to run out of visits faster,' then we need to start talking about what do we do about the denials? How can you pay out of pocket? Are you going to switch to self-pay at that point? Do we have financing available? So all of a sudden, you're running into these almost like you don't have health insurance issues even though you have health insurance.

***Q: That's insane. So I imagine we're probably seeing a lot more people out in the world with injuries that never get fully healed when they are totally treatable because they can't get the adequate number of visits that they need with a physical therapist.***

**Wynne:** Absolutely. And then there's the huge issue of insurance being tied to your job. Like I have personal friends who have musculoskeletal issues, low back pain, hip pain, things like that shoulder pain and I've recommended them to physical therapy but then they've left their job or switched jobs or got laid off or were working temporarily and all of a sudden they can't go see their physical therapist anymore because they're in between jobs or they're in between gigs and they just don't have that continuous care.

***Q: Right, and just to give me an idea, how much do you think it would cost for the work that you do if I'm paying out of pocket on average?***

**Wynne:** Yeah, out of pocket costs. I've seen anything from \$150 to \$250 for physical therapy visits. So if you think 'okay, I am going to need somewhere between six to 10 twice a week visits' that adds up. It adds up quite a lot. Like I know as a pelvic floor physical therapist, I treat a lot of people out of network just because of the

way insurance is when you're a solo practitioner. And so I have packages so people can get discounts on that that I've made as my own personal <laugh> reach around for these types of issues. And those people are paying usually for 12 visits and an evaluation. So they are paying out of pocket for that and then getting reimbursed by their insurance company after that visit using their super bill.

***Q: Right. So you mentioned a couple of options or what can be done about them not being able to get physical therapy. You mentioned can they pay out of pocket financing? When you talk about financing, is that just like a payment plan or what is that?***

**Wynne:** Yes, so that would usually be a payment plan. A lot of physical therapy clinics don't have the administrative processes to do all of that on their own. So it's similar to what you'll see at like dental and vet clinics, other things that tend to be kind of outside that health insurance format and so they'll have financing companies that they work with that will essentially give you a loan and so then you deal with even more issues of medical debt and high interest loans. So they may give you a grace period of six months with no interest, but if you don't make those payments in that time, it's going to be like a credit card essentially. It's not a recommendation most healthcare providers make lately.

***Q: Were there any other options or what else can be done for these people?***

**Wynne:** Yeah, so there are always charity clinics essentially. Like I work with Chicago Women's Health Center, which is a nonprofit that provides women's health care to anyone who is non-binary, transgender, or cis female and so that's a sliding scale, pay what you can, they're a nonprofit so they could have also all this access to grants and donations that I as a private practitioner just don't have. So they're able to make that function a lot better and it's been great working with them, truly.

I have my sliding scale which doesn't go all the way to zero 'cause I just can't afford that yet. But if somebody needs it to go all the way to zero, I send them to Chicago Women's Health Center and I can meet them part way. And a lot of times, even if I can only take 20% off, my patients are super appreciative because the specialty is so small and that's not always an allowance that people give just because when you're running a business it's really hard to make those ends meet if you're paying for it yourself essentially.

Like I pay myself the remainder that my patient can't pay me, if that makes sense. I put aside 20% of my profits as small as they are <laugh> to cover those gaps in care.

***That's generous of you.***

**Wynne:** And then like I said, there's my out-of-network patients who I have package deals. So if they're paying for the full course of care, so if they're committing to the full course of care and they're they're going to do it and they're not gonna come to two visits and then fall off, then I'm willing to work with them a lot more than people who may come to two visits, never come back. I don't know what happened to them, I don't know if they got better because physical therapy works if you keep coming back to it.

And then I'm in network with Blue Cross/Blue Shield because they're just really large in Chicago and they do reimburse well and relatively timely compared to some of the other ones I've worked with when I was again working in a clinic and I've been trying to <laugh>, you're going to laugh, I've been trying to get a network with Medicare since January and it has not happened yet at all because there is one small letter off, I'm now a PLLC in Illinois rather than an LLC <laugh>.

And because of that Medicare has not given me the time of day for six months. So there's a lot of administrative headache with all of this as you can tell <laugh>.

***Q: Yeah, so once you're in with Medicare, then any Medicare patient can see you?***

**Wynne:** Yeah, in fact they would be paying me their usual copay co-insurance system and Medicare is pretty across the board standard – straight Medicare as we usually call it, as opposed to Medicare Advantage where again things get back into those prior authorizations and denials and it can get very confusing.

***Q: Right, right. It seems like a sea, like a whole large group of clientele that you would have.***

**Wynne:** Yeah, and especially with pelvic floor PT, people who are over the age of 65 are pretty prime clientele for pelvic floor physical therapists. Like I treat a lot of younger childbearing people, people with pain. But at the end of the day, a lot of people who are having pelvic surgeries, incontinence issues are of an older age and they need pelvic floor PT and it's such a small specialty that being out of that pool is difficult and this is the weird wonkiness that sometimes gets in the way of Medicare, but I'm actually not allowed to give them my sliding scale and possibly pay what you can free services because that's illegal. I'm not allowed to give a Medicare recipient something that would be covered by Medicare for anything less than what Medicare costs. So a lot of times my patients who are previously, when I had patients on Medicare regularly, a lot of times they would be on a fixed income

and those copayments would rack up again and it would become that same barrier that we were talking about earlier.

***Q: Is there any reason they wouldn't accept you into the Medicare fold?***

**Wynne:** No, no, no. It is a vast huge network and it's funny, it's a little bit different than you'll sometimes hear on the physician side of things. Medicare actually reimburses pretty well for physical therapy. Our big issue is that there's the constant reimbursement cuts which has forced a couple physical therapy practices out of Medicare, but not in the same way that it is for some physician practices.

***Q: Okay, interesting. So I understand that patient costs are all over the place. Is this true? And if so, what are the consequences?***

**Wynne:** I think the biggest consequence is that at the end of the day, I don't know how much they're going to pay. So if they come in and they ask how much is this going to cost? Unless they're out of network and they're paying me cash pay, even my Blue Cross/Blue Shield patients from one Blue Cross Blue Shield to another Blue Cross/Blue Shield payment plan, their payments could be wildly different depending on their deductible, how much they've met, what their copay is, if they have a copay. And so a lot of times I say, 'Hey, we're going to have to roll the dice and see.' I can get a good idea by talking to your insurance company as far as have you met your deductible? What are your co-insurance rates, what are my rates, what are the usual adjustments? And I can get a good give or take \$20 estimate a lot of times, but it could be wildly off <laugh> what somebody else is paying.

***Thank you Ariel Wynne.***

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