

Why Do More Testing Than Insurance Allows?

If you have insurance, your primary care physician may only order testing that would be considered “medically necessary” by your insurance carrier. Tests not considered medically necessary can be unpleasantly expensive if denied.

“Medically necessary” lab testing for insurance purposes is to confirm a diagnosis or follow the course of a known disease that has a clear treatment within the scope of practice of “insurance medicine”. This is of great benefit with well-defined diseases that have already taken hold and are compromising the body enough to show up on standard blood tests. (Remember, the body will maintain balance in the blood first, often ‘borrowing’ from other tissues in order to do so. This is the reason many people who feel unwell have “normal” blood test results.)

When you are interested in pursuing optimal health and desire to gather information about the processes impacting your health **before** disease has taken hold enough to effect many common lab results (and organs of the body), insurance may not extend coverage.

The insurance ‘standard’ puts your health care provider in a quandary: insurance restrictions don’t, or may not, allow for testing that can provide noteworthy insight into your current health status and early imbalances that could lead to disease -- but these early warnings don’t have to cause illness -- **if** addressed preventively.

A preventive care practitioner will want you to know how to head off disease before it can be ‘diagnosed’. This may require tests your insurance company is unwilling to approve.

Think of your insurance policy as being for catastrophes. “Major medical” insurance is a must-have if you are in an accident or need to be hospitalized. It’s really not ‘health’ insurance.

True health insurance comes from knowing what challenges your body is facing before they have damaged tissues enough to earn a diagnosis. Getting affordable testing outside of the insurance ‘box’ allows you and your health provider to make informed decisions about healthy lifestyle. It helps you implement appropriate short and long-range interventions. With early information, skill and attention, many diseases never develop.

The money you invest in preventive testing is your ‘health insurance’ premium. The money you invest in your insurance company is your ‘catastrophic’ insurance premium.

You can call your insurer and ask what tests are covered by your plan before we decide to go ‘out of network’ to provide you with optimal information. Unfortunately, it is often difficult to find out beforehand from your insurer what will be covered. It is close to impossible to find out what it will cost you in the end. There’s no way to cost compare that doesn’t take hours of your time.

This part of the broken system is likely to stay broken, even if any form of insurance reform ever makes it through congress.

Welcome to the world of independent health care and lab testing. It’s quick, easy, predictable, and relatively affordable. And will not jeopardize your insurance coverage.

Remember, it’s your health. The choices are yours. You can make preserving your health and preventing disease your priority and take the necessary steps without ‘permission’.