## Dear Representative

## and Insurance Commissioner Doak;

I would like to know how it is legal for Blue Cross of Oklahoma or a few other insurers, who eventually followed their lead, to not reimburse for EMS (97014...electrical muscle stimulation) or any of the different types of traction (97012); when many of the various forms of these therapies, when performed in the hospital setting and billed for at a much higher fee, are reimbursed on a regular basis?

## The Facts:

- Blue Cross for Federal Government employees covers EMS and traction,
- Medicare covers EMS and traction, when performed under a medical Director,
- Most other major insurance companies pay for EMS and traction,
- BC in other states pays for EMS and traction,
- Blue Cross has lost law suits in other states over this disparity, ie. Anthem in Ohio,
- Blue Cross of Oklahoma is the only state affiliate of five under Blue Cross of Illinois that does not pay for EMS and Traction. ie. KS, MO, IL, TX affiliates pay for these services,
- Blue Cross of Oklahoma covered and paid for EMS & traction for almost 40 years before May of 2011. It was just prior to that time period that Health Care Service Corporation (HCSC) bought BCOK and since then reimbursement under BCOK policies has been discontinued. In light of the fact that all but one small study of 13 participants receiving these two modalities, demonstrated efficacious and beneficial outcomes; it appears that the only reason for non-reimbursement for these two services is the fact that HCSC bought BCOK.
- Despite denial from BCOK, there have been reports that they are paying selected Physical Therapy rehabilitation centers for these same services. How can this be legal?

Despite a considerable rise in insurance premiums, this discriminate action is not only costing or in essence taxing Oklahoma policy holders a considerable amount of extra dollars out of their pockets for services they expected their insurer to reimburse; but when becoming knowledgeable of the fact, either refuse this necessary treatment modality or elect to receive it in a hospital setting which is more costly to the insurer. Either way this disparity is costing Oklahoma citizens and/or the insurance industry millions of unnecessary extra dollars for healthcare each year.

I, the undersigned, do hereby	contest this discriminatory decision by	my insurer,
and request that you as an Ok	lahoma legislator and Insurance Comm	issioner Robert Doak investigate
this action that has caused un	do financial burden upon me and my fa	mily.
Insured:	Print:	Date: