

Understanding Massage and Insurance Benefits

Call your insurance company using the phone number that is usually on the back of your insurance identification card.

Ask them the following questions and write down your answers here.

Getting accurate information can reduce problems in the future. It is also important to get the person's name and record the time and date you talked to your insurance company. In WA State there is a law that says that once an insurance company has OK'd your service, they can not deny it later on. Having this information can be helpful in the event that they fail to pay for your massage services.

All plans to my knowledge require that you have a prescription from a doctor. Often insurance companies will say that you don't need a referral and that you are able to self refer. The problem is that as a massage therapist, I am not able to diagnose your condition. This must be done by a doctor which requires a prescription. Some insurance companies don't understand this. Please call me if you have any questions.

Insurance usually only covers conditions in which the function of your body is impaired such as a pulled muscle, injury to the spine or muscles. It does not cover massage for sore muscles due to working out or from sitting at the computer unless it has gotten so bad that you can not turn your head or you have something like carpal tunnel syndrome.

Insurance only covers massage if you are injured just like if you were going to physical therapy. There is a treatment plan given by the doctor. There is a beginning to therapy and it ends when you are better. If you are not seeing any improvement within a few weeks to a month you will be referred back to your doctor.

If you are in pain but there is no loss of function or the massage you are requesting is outside of the medical necessity of your specific insurance policy (depending on how your insurance defines medical necessity) you will need to pay cash for your sessions. Taking the initiative to take care of yourself and pay cash for your massage shows a commitment to your health and well being.

So taking the time to call your insurance company and find out just what your policy allows will save you time and headaches in the future. Let me know if you have any questions during this process.

Insurance Verification Form

Date and Time of Call: _____ Name of Representative: _____

What are my massage therapy benefits? _____

Do I need a prescription for massage therapy services? _____

What is the definition of medically necessary by your insurance company? It is often under the rehabilitation section of your policy. (See the [website for some examples](#)). It usually says something about being only for purposes of rehabilitation for loss of function.

If they say no ask these questions to further clarify what type of plan and benefits you have:

Do they require that there be a diagnosis code given when billing? _____

Is this a wellness plan? _____

Does massage need to be medically necessary? _____

Do you need to have a prescription from your primary care physician or can it be from a chiropractor or Naturopath or Acupuncturist? _____

How many sessions of massage are you allowed a year? _____

Are your massage benefits part of a combination of rehabilitation benefits that include other modalities such as physical therapy? If so how many sessions total are allowed each year? _____

Or what is the dollar amount that is allowed under your plan? _____

What is your copay or co-insurance? _____

What is your plan deductible? _____ Has this been met for the year? _____

Remaining deductible amount if any? _____

Contact me with any questions: Julie Onofrio, LMP 206-623-1391 #1 mailbox