

TEN MAJOR "MISCONCEPTIONS & MYTHS" of INSURANCE BILLING for MASSAGE THERAPISTS

By Vivian M Mahoney, LMT, Insurance Consultant

1. You have to be a “certified medical massage therapist”. This is false. Insurance companies do not require that you have such a title. You do have to be licensed or certified according to your State Massage Licensing Board and/or other state, city and/or county ordinances. An adjuster may ask that you show a specific procedure or modality certification if you are billing for something they feel is outside your scope of practice or training. Those most often questioned are as follows: Manual Lymphatic Drainage, Neuromuscular Re-Education, (*not to be confused with Neuromuscular Therapy*), Therapeutic Activities, Therapeutic Exercises, Cold Laser Therapy, Ultrasound, Electrical Stimulation or others that are questionable or definitely not in your scope of practice. At that time, an adjuster may request proof of certification by a State or nationally approved continuing education provider. They do not want to see certificates for a mini or introductory class. What makes a case a medical case is a physician’s diagnoses and prescription designating the medical necessity for patient’s condition because insurance companies require proof of medical necessity when paying an insurance claim.

The title “Medical Massage Therapist” or a certificate stating such is not the ticket to being paid, Although it is nice to have as with any continuing education courses as it shows you are continuing your education to become a better therapist, it is NOT required to bill insurance..

2. A massage therapist must follow orders of one they work for and sign patient documentation and claim forms when they have not seen the final that is being sent to the insurance company for payment structured to do when working for someone else. FALSE. A licensed or certified massage therapist still has to work within their scope of practice, ethics and legalities. Many massage therapists have gotten themselves in trouble and some even arrested by not using their common sense and following orders when they instinctively know the orders given just did not feel right were not right Others have been known to ask the LMT to sign forms

3. If Medicare rules massage therapists out then all the other insurance companies will drop you. FALSE: We have NEVER been allowed to bill and be reimbursed by MEDICARE but insurance companies have been reimbursing massage therapists since 1984. Insurance companies do have a tendency to follow some of the Medicare rules, such as some no longer pay for hot & cold packs while some still do.

4. It is illegal for a massage therapist to bill for “Medical Massage”.

This is not an accurate statement. This comes from the term MEDICAL being misused. We do not perform “medical massage” for reimbursement. We perform what we’re licensed and trained for, MASSAGE and /or BODYWORK. What “techniques” we use whether it’s called medical massage, soft tissue manipulation, myofascial release, neuromuscular therapy or orthopedic massage, to name just a few are all “techniques” of manual therapy techniques or manual manipulation.

The terms we use for our training and types of treatment are not what we bill for. We must bill using the available CPT codes, which best reflect our training and scope of practice. The current code descriptions do not reflect the above definitions with the exception of massage and myofascial release /manual manipulation / manual traction. Therefore massage and /or myofascial release techniques at this time must incorporate all of the “techniques” we use to reach the beneficial results of improving a patient’s medical condition, activities of daily living and /or helping them to return to work.

5. A Massage Therapist can accept any type of insurance case. This is a sure way to get ones- self in trouble and to lose money. Not all insurance companies will reimburse and not all types of cases will pay a massage therapist. We are still at work to improve the types of cases that can & should be reimbursed by insurance companies. We all know that it would behoove everyone involved if insurance companies would reimburse those who are TRAINED as well as licensed or certified to provide such treatment, rather than reimburse those who do not actually perform, know how, or have time or want to do this type of hands on intensive treatment, (most of the time only because they hold higher levels of credentialing). We all know the insurance

companies as well as patients would benefit if the therapists actually performing the work were to be the ones directly reimbursed.

6. Medicare & Medicaid will pay a massage therapist & you can also be paid from the supplemental /secondary insurance when Medicare is the primary.

This is not true as Medicare is Federal and Medicaid is part Federal & part State. Anything Federal at this time will not reimburse a massage therapist directly. Not even in states where laws are in effect that require a massage therapist to be reimbursed by insurance companies such as Florida and Washington.

Supplemental or secondary coverage is set into place to pay only the percentages or balances due of charges that are approved by Medicare. Since Medicare does not approve services provided by a massage therapist, the secondary or supplemental is not responsible, no matter what you are told by others. If you want to go ahead and listen to others, go ahead and do it and see for yourself. When they ask for the money back, remember I told you so.

7. A massage therapist can bill insurance companies without training and not expect problems such as delays, denials or reductions. This too is not true. In bygone times it was very difficult to learn the rules one- step at a time by trial & error. Today it is even much more complicated. Things are changing constantly in the industry. Any mistake raises red flags with insurers making it even more difficult than ever. Insurance adjusters more than ever review files and look for any reason to delay, deny or reduce claims. If you think training is expensive try learning it the hard way & add up your losses. For example, I have received many calls and emails from massage therapists in FL who have lost upwards of \$2,300 just because they were late filing a claim, where had they had the proper training, would have known of the changed law that required timely filing.

8. A massage therapist can bill an injured worker in a Workers' Compensation case for balances.

In all states, to my knowledge it is illegal to bill an injured worker if one has been authorized to treat them.

9. As a massage therapist I do not have keep precise records or documentation.

Medical cases are legal cases. As a lawyer will tell you, "If it was not documented, it was not done." There are a lot of rules that apply to proper documentation, way too many to include in this article.

10. I can bill extremely high rates without repercussions. As it stands, no one can set your fees for you. However, insurance companies can set the rates they are willing to reimburse you at. Billing much higher rates for medical cases than you bill for your non- medical cases can surely raise red flags and cause all types of repercussions, with patients themselves, with insurance companies, with defense attorneys in court cases and with doctors who refer to you, just to name a few instances.

Disclaimer:

This is only a small percentage of the myths & misconceptions I regularly hear about. These apply in most cases and in most states. However as with anything there may be exceptions from time to time. Please know that I am not an attorney and this information is not meant to take the place of qualified legal advice.

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