

# Will Billing Insurance Help Make Your Massage Therapy Business More Profitable?

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At some time in your career in massage, you will be asked to bill insurance for a long time client or friend who was just in a car accident or hurt at work. You might also be thinking about taking insurance if you need more clients or are looking for ways to supplement your income and sustain you through a changing economy. You may prefer the experience of working in a more clinical environment where you see more injuries and health conditions.

Billing insurance for massage therapy services can help supplement your income and give you a steady flow of clients. People who are injured and have other people paying are likely to come more often. When someone is hurt at work or injured in a motor vehicle collision, the insurance will usually pay for massage sessions to help their recovery process.

More and more health insurance companies are paying for massage therapy sessions. In WA State, massage therapists have been a part of health care and paid by health insurance since about 1999, when a law made it so massage therapy was covered. More states are looking for solutions to the Opioid epidemic and looking to massage as part of the answer.

Some insurance companies will pay what you bill and others will pay less than what you bill. It takes more time and energy in the form of paperwork to bill insurance so it is important to decide for yourself if billing insurance will help make your massage business more profitable. It is a matter of just doing the math as well as deciding if this is right for you.

You will need to ask yourself some questions that may help you decide:

- Will billing insurance help your massage business be more profitable?

- Is it the best use of your time? You will be spending more time doing paperwork, networking with doctors and dealing with insurance companies. Will you be making enough money to cover that extra time?
- Do you need more clients in general? Is your business slow?
- Are others in your area billing insurance successfully which means getting paid without many problems?
- Do you want to be involved in having massage be more accepted by the medical community?
- Are you willing to put time into keeping yourself up to date with the latest rules and procedures required to bill insurance?
- Are you interested in research and learning to use it to promote your massage business and the massage profession?
- Do you know how to work with injuries and conditions or are you willing to learn clinical massage therapy?
- Are you organized to keep up with paperwork and follow up on billing and payments?
- Do you know how to do assessments on clients conditions and track your sessions in SOAP notes?
- Are you interested in working with Doctors and other health care professionals?
- Would you like to see massage therapy covered by health insurance for rehabilitation of injuries and medical conditions like carpal tunnel syndrome, headaches, fibromyalgia, strains/sprains, pain, herniated discs and other musculoskeletal issues?

### **Cost per Client**

The first thing to decide is what the potential profits will be from taking insurance clients. You can calculate that by looking at your cost per client using the following formula:

1. Compute your office overhead for a month:

Take the last 12 months and divide by 12. If you are just starting out, use what statistics you have.

	Normal	With billing insurance
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Salary		
Rent		
Other Salaries		
Tables and Equipment		
Malpractice Insurance		
Licensing Fees		
Lotions/Oils		
Sheets		
Laundry		
Music		
Utilities		
Office Supplies		
Copies		
Billing Services		
Association Fees		
Marketing		
Totals:		

2. Compute the number of patients for the month. You can use a number from last year's patients divided by 12 or estimate the number for this year.

3. Cost per client = Total monthly expenses \_\_\_\_\_ divided by Total monthly client visits \_\_\_\_\_

Expenses / Number of clients = cost per client

4. Evaluate: After you get your cost per client, you can then compare that with the amount you will be making from billing insurance cases and see if the amount is more or less than your cost per client. It is often difficult to find what insurance companies will pay, as health insurance carriers usually make it so their price information cannot be shared. You will have to find out what insurance companies are paying in your area. You can do that by asking other therapists in your area that are billing or ask the insurance company directly. You can also find fee charts on Workers Compensation/L&I websites and possibly on some health insurance companies' websites. That will help you decide if billing insurance will help you increase your profits overall.

( I have also found this handy spreadsheet on this very thing created by Julie Campbell of <https://www.massagebusinesshelp.com/>

[https://docs.google.com/spreadsheets/d/1TYdRoBxxzL\\_Sto9AwjrIlFRpEiJdZiY9doD5l dlF1ek/edit#gid=0](https://docs.google.com/spreadsheets/d/1TYdRoBxxzL_Sto9AwjrIlFRpEiJdZiY9doD5l dlF1ek/edit#gid=0) )

## **Can you bill insurance in your state/city?**

One of the biggest problems in the beginning is finding out what types of insurance you can bill in your state and what they will pay. In most states, you can bill for injuries related to a motor vehicle collision and for work-related injuries through workers compensation/labor and industries. You will have to find this out for sure by asking others in your area. (FL does not allow billing for PIP.)

To find out what insurance is paying in your state here is what you need to do:

1. Start with asking your AMTA Chapter. Here is a list of them. They should actually be collecting information and resources on how to bill and get paid in your state. If they are not, consider getting involved and start a committee that does this and will work on insurance issues.  
<https://www.amtamassage.org/chapters/index.html>
2. Check your state workers compensation board website and see if there is a section for providers and see if massage therapists are on the list. Email them and ask if massage therapists are able to bill and what you need to do to be able to bill. Most states will require that you become a provider with them and will have a specific process for you to go through to do that and to bill. Many will also have classes on how to bill. Your states' Workers Compensation Boards will have fee schedules that tell you how much you would get paid when you bill. Here is a list of them - <https://www.dol.gov/owcp/dfec/regs/compliance/wc.htm>
3. Ask other therapists in your area or start googling massage, your city, car accidents or massage, your city, work injuries. See if you find any massage therapists with information on their website. Contact them to see if they can help you get started with billing.
4. I am also collecting a list of states on my website <http://www.massagepracticebuilder.com/massage-insurance-billing-resources/> which is a work in progress. (After you read this and find out what you can bill in your state, please let me know in the comments on the website.)

More and more health insurance companies are actually paying for massage in many states. The problem is that you will have to call each one or take each case by case to see if they will pay or not and find out how much they pay. You need to have the amount they will pay so you can figure that into your cost per client figures. Many won't give that information out until you have become a provider and contracts usually state that you cannot publically share allowable fee information. There is also so much that the massage profession needs to be doing as far as getting massage therapy covered by health insurance. There is so much precedent in WA State, I don't know why all the other states are so far behind.

If you can bill for car accidents, they will usually pay your full fee for your massage services. You can take that information and put it into the formula to see if taking

insurance would help your business be more profitable. These two methods are fairly straight forward. It is a matter of asking the insurance companies the right questions so that you can bill and get paid.

### **Cost Per Client Analysis**

What do the numbers actually say?

When deciding whether or not to take insurance, you will also have to consider some of these things:

- Will billing insurance help get you more clients and repeat clients?
- How much will your cost per client vary when the number of clients increases? Will you have an increased volume of clients that will make the cost per client higher or lower?
- Will have to hire office support to do the extra paper and telephone work or hire a billing person or can you handle it on your own?
- Will accepting insurance clients be in tune with your personal and business mission statement?
- Are you willing to learn about how to bill, take chart notes, work with doctors and with clients in their treatments and in figure out how to get paid?
- Are you willing to stand up in court or legal proceedings and testify or give a deposition for your clients? (You usually get paid to do so but it is time-consuming and requires speaking skills. You can also set boundaries around the cases that you take so you don't take cases that go to the time of settlement and mediation/trial.)
- If you are planning on joining an HMO or PPO, what is the expected income per treatment? Is it higher than the cost per patient or less than the cost per patient/client?
- Do you want to be a part of the future of the massage profession and help take us into healthcare and help battle the Opioid epidemic as well as be a part of the next movement in the massage profession – massage therapy in hospitals, hospice, rehabilitation of injuries and move toward getting massage therapy accepted by doctors, legislators and insurance carriers?

### **Why you should consider accepting insurance.**

You can start billing for motor vehicle collisions and workers compensation plans and start learning how insurance works and how billing works. The more people that learn to bill insurance and get paid, the more power and influence we can have when health insurance starts paying for massage therapy. The massage therapy profession has over 350,000 massage therapists (and all their clients)...There is power in numbers. Currently, we do not have enough people that know what is going on at the table with insurance carriers working to inform insurance on how it can save them money. They still think that they will have to pay the doctor for surgery or pay for medications AND pay for massage.

In most states, you cannot yet bill for health insurance, but from what I have seen over the years, it is on its way...whether we want it or not.

The Opioid Epidemic is making insurance commissioners, legislators and insurance carriers call for more alternatives to drugs for pain. Massage therapy is part of the answer. Can you imagine getting your massages covered by insurance when you have problems with your hands or backs or whatever from working on people all day? Can you imagine if massage therapy was the first line of defense for healthcare and doctors would prescribe it for just about everything – stress, anxiety, depression, musculoskeletal issues, pain and more? What if you could get massage therapy paid for when you have headaches, carpal tunnel or a herniated disc?

While getting massage therapy covered by health insurance in your state may take some time and effort, you can start learning how to bill and deal with insurance by taking MVC cases and workers compensation cases. Once you learn the ropes, you will have the knowledge on how insurance works so it can be applied to health insurance when the time comes to integrate massage therapy into healthcare in your state.

You will be a part of a grassroots movement to make a difference in the Opioid Epidemic as well as people's general health. You will be a part of getting massage therapists to the table with insurance carriers and legislators as well as getting doctors and medical professionals to understand just what massage can do and not do. Right now there are so many changes happening on a daily basis, with various associations, legislators, insurance carriers looking towards massage therapy to help with the Opioid epidemic but the massage therapy profession does not have any representation at the table.

Here in WA State when we are contracted providers with insurance companies, we are placed on a list of providers. This can be an easy way to get clients. People will look for a provider in their area and then may look for you online to look at your website to see if you are a good match for their needs. They may also just call you right away. Insurance clients may come to you once a week or even twice a week, depending on the injury and the prescription from the doctor. Having regular weekly clients (sometimes two to three times a week depending on the injury) means having a regular income, which is one of the top reasons for taking insurance. People may also visit you more frequently when covered by insurance. Taking insurance can help fill your schedule with clients. Keeping insurance cases balanced out with your regular work can be a great way to create a sustainable practice. Taking cases where you have to wait to be paid can be like putting money in the bank if you are able to manage your budget while you wait.

You don't have to have your whole practice be insurance cases. You can just take a few cases as they come to supplement your income. You can also network with doctors and lawyers to get referrals from them for insurance cases.

### **Massage Therapy in Healthcare.**

Massage therapy has long been a part of healthcare in WA State where we have been able to bill health insurance since 1996 with the Every Category Law that was created by

the insurance commissioner at the time. When the law was created it was fought by the insurance carriers for 4 years and the battle went all the way to the Supreme Court where there was a final decision made to uphold the law. Here is a [complete timeline of events](#) and the report that was created when the law was passed. This should provide a precedent for other states to follow.

There have been many opportunities for the massage profession to get involved in getting massage therapy covered by health insurance. The Affordable Care Act of 2010 was a big chance but the massage profession really was missing from being at the table. Our massage associations – mainly the American Massage Therapy Association could have worked to make it so. For some reason they are dragging their feet.

In August 2013: AMTA's Approach to the Affordable Care Act was still undecided and taking limited action.

<https://www.amtamassage.org/articles/1/News/detail/2805/amtas-approach-to-the-affordable-care-act>

“The American Massage Therapy Association (AMTA) understands there has been much discussion and debate about the Affordable Care Act (ACA) and the potential role for massage therapists that it might provide within health insurance based third-party reimbursement. Similar debates are taking place among other health care professionals as the ACA presents many challenges for everyone involved in health care, from professionals to consumers. While the law was enacted more than 3 years ago, it continues to be debated, analyzed and scrutinized. Meanwhile, the law has evolved and implementation will continue to evolve, especially as states determine their approaches to it.”

In 2011, [Relieving Pain in America](#):(PDF) A Blueprint for Transforming Prevention, Care, Education, and Research said reviews of research on acupuncture, massage, and chiropractic spinal manipulation for chronic low back pain suggest these therapies may be beneficial.

In 2016, the CDC even said: “Although there are perceptions that opioid therapy for chronic pain is less expensive than more time-intensive nonpharmacologic management approaches, many pain treatments, including acetaminophen, NSAIDs, tricyclic antidepressants, and massage therapy, are associated with lower mean and median annual costs compared with opioid therapy. [CDC Guideline for Prescribing Opioids for Chronic Pain](#) “– United States, 2016

In Feb 2017, the National Association of Attorney Generals, issued [this letter](#) (PDF), asking for alternatives to Opioids be considered to help end the epidemic. “When patients seek treatment for any of the myriad conditions that cause chronic pain, doctors should be encouraged to explore and prescribe effective non-opioid alternatives, ranging from non-opioid medications (such as NSAIDs) to physical therapy, acupuncture, massage, and chiropractic care. “

The [Joint Commission](#) has also previously called for coverage of massage therapy [in 2015](#) (PDF) “Revised Rationale for PC.01.02.07 (New for Ambulatory Care and Office-Based Surgery Practice)

“The identification and management of pain is an important component of [patient]-centered care. [Patients] can expect that their health care providers will involve them in their assessment and management of pain. Both pharmacologic and nonpharmacologic strategies have a role in the management of pain. The following examples are not exhaustive, but strategies may include the following: Nonpharmacologic strategies: physical modalities (for example, acupuncture therapy, chiropractic therapy, osteopathic manipulative treatment, massage therapy, and physical therapy), relaxation therapy, and cognitive behavioral therapy” and [again in 2017](#) ”

“When a patient’s preference for a safe nonpharmacologic therapy cannot be provided, hospitals should educate the patient on where the treatment may be accessed post-discharge. Nonpharmacologic strategies include, but are not limited to: physical modalities (for example, acupuncture therapy, chiropractic therapy, osteopathic manipulative treatment, massage therapy, and physical therapy), relaxation therapy, and cognitive behavioral therapy.”

In April 2017, the [American College of Physicians](#) did a study to systematically review the current evidence on nonpharmacologic therapies for acute or chronic nonradicular or radicular low back pain and here is their recommendation: “Recommendation 1: Given that most patients with acute or subacute low back pain improve over time regardless of treatment, clinicians and patients should select nonpharmacologic treatment with superficial heat (moderate-quality evidence), massage, acupuncture, or spinal manipulation (low-quality evidence).”

<https://www.ncbi.nlm.nih.gov/pubmed/28192793>

In April 2017, Federation of State Medical Boards April 2017 adopted their policy on Chronic use of Opioids and recommended: “The treatment plan may contain information supporting the selection of therapies, both pharmacologic (medications other than opioids to include anti-inflammatories, acetaminophen, and selected antidepressants and anticonvulsants) interventional, and non-pharmacologic therapies such as cognitive behavioral therapy, massage, exercise, multimodal pain treatment, and osteopathic manipulative treatment. The plan should document any further diagnostic evaluations, consultations or referrals, or additional therapies that have been considered to the extent they are available.

In Oct 2017, the first Integrative Pain Policy Conference was held in San Diego. The AMTA was invited and was supposedly there according to the [report from the Academy of Integrative Pain Management](#), but to date, I have not heard any report from the AMTA. The [Congressional Integrative Health and Wellness Caucus](#) held on March 15, 2015 calls for:

The mission: “Amidst Opioid Crisis: New Caucus Will Focus on Integrative Health Solutions.

Make sure you contact your legislative representative and [ask them to JOIN](#). Medicare [Managed Care Manual Chapter 4](#) – Benefits and Beneficiary Protections. Revised for 2019 coverage Year also calls for more massage therapy as an alternative to Opioids.



“Medically-Approved Non-Opioid Pain Management (PBP B13d, e, or f): Medically-approved non-opioid pain treatment alternatives, including therapeutic massage furnished by a state licensed massage therapist. “Massage” should not be singled out as a particular aspect of other coverage (e.g., chiropractic care or occupational therapy) and must be ordered by a physician or medical professional in order to be considered primarily health-related and not primarily for the comfort or relaxation of the enrollee. The non-opioid pain management item or service must treat or ameliorate the impact of an injury or illness (e.g., pain, stiffness, loss of range of motion).”

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c04.pdf>

Massage Therapists are licensed as Health Care Providers in over 20 states. This is the list that I have so far, collected from various Facebook Groups so check the sources and let me know of any corrections. AL, CO, CT, FL, GA, LA, MI, MD (LMTs only) MO, NC, NM, NY, OH, OR, TN, VI, WA, Wa DC, WI, WV, WY. In most states, massage therapists can bill for car accident related injuries and for work-related injuries. With so much interest and backing from prominent organizations calling for massage therapy to become part of the answer to the Opioid Epidemic, where is the Massage Therapy Profession?

In Jan 2018, the Academy of Integrative Pain Management (AIPM) and the US Pain Foundation, wrote a letter to the [U.S. Senate Committee on Finance](#) (the Committee with jurisdiction over the Centers for Medicare and Medicaid Services, or CMS), asking them to cover massage therapy

**Nov 28, 2018:** CMS announces up to 270 Medicare Advantage Plans will include massage therapy in 2019. AMTA News.

<https://www.amtamassage.org/articles/1/News/detail/3900/cms-announces-up-to-270-medicare-advantage-plans-will-include-massage-therapy-in-2019>

**In 2109, 4 states proposed bills that would cover massage therapy. While none of them went through, as far as I know, this is a big win for the massage profession.**

**2019:** New Hampshire Bill proposal. HB 610-FN

[http://www.gencourt.state.nh.us/bill\\_status/billText.aspx?id=131&txtFormat=html&sy=2019&fbclid=IwAR2X1kg6FALvSkN6FfnkWLxNelzvyN8Gf9kRNBqmdlVfWDjFmEFP9KE\\_uGw](http://www.gencourt.state.nh.us/bill_status/billText.aspx?id=131&txtFormat=html&sy=2019&fbclid=IwAR2X1kg6FALvSkN6FfnkWLxNelzvyN8Gf9kRNBqmdlVfWDjFmEFP9KE_uGw)

"When patients seek treatment for any of the myriad conditions that cause pain, a health care practitioner shall refer or prescribe to a patient any of the following treatment alternatives, when applicable, before starting a patient on an opioid; chiropractic, physical therapy, occupational therapy, acupuncture, massage therapy, and/or osteopathic manipulation. “

"2 New Section; Coverage for Nonopioid Treatment for Pain; Individual. Amend RSA 415 by inserting after section 6-w the following new section:

415:6-x Coverage for Nonopioid Treatment for Pain; Individual. Each insurer that issues or renews any individual policy, plan, or contract of accident or health insurance providing benefits for medical or hospital expenses shall provide to persons covered by such insurance who are residents of this state coverage for the costs of options to patients for evidenced-based non-opioid treatment for pain, including but not limited to, chiropractic care, osteopathic manipulative treatment and acupuncture treatment. Policies issued pursuant to this section shall not have annual or lifetime numerical limits on visits for the treatment of pain. Reimbursement, coinsurance, copayment, and deductible amounts for pain management care utilizing chiropractic, acupuncture, and/or osteopathic manipulation shall be determined as a service under the Patient Protection and Affordable Care Act of 2009, as amended, definition of rehabilitation and habilitation.”

"including but not limited to" we need to make sure it says Massage therapy!

**2019:** Virginia Bill Proposal.

<https://law.lis.virginia.gov/vacode/title38.2/chapter34/section38.2-3419/>

**2019:** Oklahoma Bill Proposal

<http://www.oklegislature.gov/BillInfo.aspx?Bill=HB+2652&session=1900&fbclid=IwAR3un4CZrooHNWwloMCwbReEwCd6PoE31dqYx-svYRiO454GdI4l2N6qMrU>

"Any health plan, including the State and Education Employees Group Health Insurance plan, that is offered, issued or renewed in this state on or after January 1, 2020, shall provide coverage for complementary and alternative medicine.”

**2019:** Bill in Maine:

[http://www.mainelegislature.org/legis/bills/bills\\_129th/billtexts/HP025501.asp](http://www.mainelegislature.org/legis/bills/bills_129th/billtexts/HP025501.asp)

“This bill clarifies that massage therapists and massage practitioners are health care practitioners and that massage therapy is a health care practice. It prohibits unlicensed persons from claiming to provide procedures that are described as "massage," "bodywork," "body therapy," "manual therapy," "neuromuscular therapy," "touch therapy" or "myotherapy" or related terms.”

**2019:** Bill in North Carolina. **Bill Summary for S 544 (2019-2020)**

Bill: [ESTABLISH NON-OPIOID TREATMENT ALTERNATIVES.](#)

PART I. NON-OPIOID DIRECTIVE FOR PROVIDERS OF PAIN MANAGEMENT  
12CARE13SECTION 1.1.G.S.90-106 reads as rewritten:14"§ 90-106. Prescriptions and labeling.(a3)Limitation on Prescriptions Upon Initial Consultation for Acute or Chronic Pain. –Upon the initial consultation and treatment of a patient for acute or chronic pain, a practitioner,as a first line of treatment, shall provide the patient with a referral to, or a prescription for, any of the following alternatives to targeted controlled substances, when appropriate:(1)Acupuncture.(2)Chiropractic care.(3)Massage

therapy.(4)Occupational therapy.(5)Osteopathic manipulative treatment.(6)Physical therapy.

**March 2019:** The Veterans Administration lists massage therapists as Health Technicians making it so the VA can hire massage therapists. See the [VA Handbook for complete details](#).

(This has taken over 15 years to make this happen. Now that it is official that the VA accepts massage therapy as a valid method of treatment, my guess is that having their insurance cover it will be next.)

**May 2109.** In 2016, Comprehensive Addiction and Recovery Act of 2016 was passed that created The Pain Management Best Practices Inter-Agency Task Force to propose updates to best practices and issue recommendations that address gaps or inconsistencies for managing chronic and acute pain. The U.S. Department of Health and Human Services oversees this effort with the U.S. Department of Veterans Affairs and U.S. Department of Defense.

The result is a new report on pain management best practices that includes calling for the use of massage therapy. The US Pain Foundation has created a toolkit for taking action - <https://uspainfoundation.org/advocacy/inter-agency-task-force-toolkit/>

### **Why is the rest of the profession so far behind?**

With all of these things happening and more, why is the massage profession so far behind in getting massage therapy covered by health insurance in the rest of the states?

Quite simply because no one is standing up for us in the arena and no one is at the table for us.

### **If we are not at the table, we will be on the menu.**

If you are not at the table, you are on the menu is a political saying in WA DC. I first heard it said that the Alliance for Massage Therapy Education Conference (in about 2010) in Tucson AZ by John Weeks, publisher/editor of the [Integrator Blog News and Reports](#).

What it means is that if you/we don't have a seat at the table with the insurance carriers, insurance commissioners, hospitals, doctors, nurses, legislators in every state, legislators in WA DC – we will be on the menu. You will have other agencies, politicians, insurance companies creating policies, rules, laws and you won't have a say in creating allowable fees, benefits and policies. For example one of the biggest issues we are having currently in WA state is that the insurance companies are drastically reducing allowable fees. The insurance companies set allowable fees using formulas

that consider the amount of work the provider does (time and intensity), liability insurance costs and practice expense data. The insurance companies do not have any data on practice expense from the massage profession so they just guess and use their own data. We haven't had any association representing us with the insurance carriers and providing this data (that I know of).

To be at the table means that the massage therapy profession needs to attend meetings with State Insurance Commissioners offices, be talking to state and national health insurance plans and be involved in all efforts to help combat the Opioid epidemic. To get to the table requires making connections like the one that started it all here in WA State. The Insurance commissioner back in 1992 was Deborah Senn, who also had an office assistant who was also a massage therapist (Lori Belinski – now Lori Grassi who is the executive director of the WA State Chiropractic Association and lobbyist for the same group).

We need legislators in office at the state and national level that support massage enough to create laws that will make it so massage therapy is covered by health insurance. We need state and national lobbyists and political action committees. WA State has one of the only Political Action Committees that I know of in the US – the WA Massage Alliance for Health ([www.wamah.org](http://www.wamah.org)). We also have a person in the House of Representatives, [Shelly Kloba](#), that has been a massage therapist for over 20 years and sponsored a bill in 2017 on prior authorization.

There are some that also say that we need to up our education standards before anything can happen with insurance companies and laws...but I personally think that it is more of a legislative effort because of watching what has happened here in WA. When the Every Category Law was created, WA MT's were only required to have the minimum of 500 hours of education which was the norm at that time and still is the basis for licensing in many states.

Do we need more evidence as many MT say? I personally don't think so based on what I have seen. We do have enough evidence right now to get started. More is coming out every day. We don't have to wait any longer.

We just need people to step up and sit at the table for us.

- State legislators that support massage therapy.
- State insurance commissioners that are willing to create laws that include massage therapy like the WA Every Category Law.
- Health care specialists (Lawyers, healthcare executives) who know how to deal with insurance companies to negotiate contracts and help us determine the best ways to talk to insurance companies. Do we need physicians networks or clinically integrated networks like some hospitals/physicians are moving to so that they can negotiate contracts while also providing health care services that are paid based on their results (values based care) instead of just fees for services?

- Massage awareness networks that work to educate doctors, legislators and insurance carriers on just what massage therapy can do. (It is clear to me that the insurance companies still see massage therapy as a burden and think that they have to pay out the \$25k or more for surgeries or thousands in drugs rather than using massage to eliminate those costs.) We do not have enough data on things like how much is massage therapy saving the insurance companies. The only thing we do have is the report from AMTA on [Integrative Care and Pain Management](#).
- Political Action Committees for every state and One National one. PAC's raise money to help get the right candidates into office that support massage therapy.

There is power in numbers. There are well over 300,000 massage therapists in the US and all of their clients/patients. Working together could make a big impact on legislation and healthcare. We could be a part of putting the care back into healthcare.

### **Surviving in a Broken Healthcare System**

It won't be easy. It will take time. There are systems that can be set up in your community and state to help with the process. Starting and running your own Supervision/Peer Supervision group could be a big part of helping massage therapists deal with the many overwhelming aspects of dealing with insurance and healthcare. Supervision/Peer supervision is commonly found in the psychology and sociology profession. It is NOT about telling people what to do. It is a way to get the support you need from your peers and a more experienced therapist to help you through the many challenges of working with more difficult clients and dealing with the broken healthcare system.

Each state should have its own billing experts and lawyers to help navigate the profession through credentialing and contracting with carriers. It will take a team of experts to help keep up with all of the changes and rules for billing. Other professions have such teams. The American Physical Therapy Association has a whole committee working on billing and payments. <https://www.apta.org/Payment/> The AMA has extensive information on billing, payments and coding.

What will happen if/when Medicare for All or a one-payer system is created? We don't really know but is important to be involved now.

### **Where to Start**

This all may be too much for you to think about so consider just taking it one case at a time. Start with what is before you right now. Bill one case at a time. Learn the ropes. It gets easier as you go.

When you purchase my ebook *Massage Insurance Billing – Healthcare Integration and Advocacy*, you will learn the basics of billing for MVC's and Workers Compensation as well as begin learning about healthcare laws and my ideas for getting massage therapy covered by health insurance.

One of the chapters in my ebook is about starting and running a Peer Supervision Group to help support you in the process of working with more difficult health conditions and working your way through billing and getting paid. I highly recommend that you reach out to others and work together on this.

If all of the health insurance information is too overwhelming, just focus on what you can in your own practice and work on learning to bill and get paid for workers compensation and motor vehicle collisions. That alone can help make your massage business more profitable.

## **FAQ's**

### **What type of massage do you need to learn to be able to bill massage therapy?**

There is not one method or technique that will allow you to bill massage therapy. What you need to know though is how to apply whatever technique you know to medical conditions. Clinical Massage therapy vs Medical Massage covered in Chapter 1.

### **How long will it take to get paid by insurance?**

It varies from a month or two with MVC's/PIP/MedPay to one week with some health insurance companies. Billing is now done mostly electronically and payments are sent through automatic deposits in your bank account for health insurance.

### **How much time will the paperwork take?**

If you get set up with an efficient system, it can be 10 minutes per client. I write up chart notes while the person is getting dressed and bill health insurance companies electronically which takes about 3-5 minutes per client per week.

### **What is included in the ebook?**

Here is the table of contents:

Acknowledgments .....	<b>Error! Bookmark not defined.</b>
History of Medical Massage/Clinical Massage .....	<b>Error! Bookmark not defined.</b>
Preface (READ ME) .....	<b>Error! Bookmark not defined.</b>
Introduction .....	<b>Error! Bookmark not defined.</b>
Is it Medical Massage or Clinical Massage? .....	<b>Error! Bookmark not defined.</b>
Step by Step Guide to Billing Insurance .....	<b>Error! Bookmark not defined.</b>
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### **What help can I get when learning to bill insurance?**

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### **Can I get CE for this?**

It depends on what your requirements for CE are. In some states like here in WA, just reading a book can be used as part of your CE requirements. Check with your state. I am working on an online test and looking into NCBTMB approval.

### **What is your experience and knowledge in billing insurance?**

I have been billing insurance for over 30 years in my business in downtown Seattle. I wrote the first edition of this ebook back in about 2005 and had all of the information for free online on a website I had. I am an information junkie and just love to share what I know.

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