

Monitoring Medical Necessity for Massage Therapy

Overview:

Beginning May 18, 2009, all massage therapy claims will be monitored for a massage therapy prescription prior to the payment of these claims. This ensures massage therapy claims are submitted with an appropriate diagnosis and prescription, as required by the Rehabilitation Services section of the benefits contract.

With this process, we anticipate some members will need to renew or obtain a prescription from their referring physician or provider to ensure continued coverage of massage therapy services.

General note:

The decision to monitor the claims for a prescription is simply an update to how we administer these claims. A prescription for massage therapy has always been required, as the scope of a massage therapist's license does not include diagnosis. We are monitoring these claims closely to ensure the appropriate use of the benefit. Other providers that can perform massage therapy and can diagnose are not required to provide a prescription. For example, a prescription would not be required by a chiropractor because massage therapy is in the scope of their licensure to diagnose.

FAQ

Question	Answer
What is changing?	<p>As of May 18, 2009, all Premera Blue Cross massage therapy claims will be monitored, to ensure these claims are submitted with an appropriate diagnosis and prescription for massage therapy, as required by the Rehabilitation Services section of the benefits contract.</p> <p>As a result of the monitoring process, we anticipate some members will need to renew or obtain a prescription from their referring physician or provider to ensure continued coverage of massage therapy services.</p>
Why is Premera Blue Cross monitoring these claims now?	<p>Premera Blue Cross is committed to lessening the impact of rising healthcare costs on our members and employers without compromising quality healthcare. Monitoring all massage therapy claims for a prescription ensures the appropriate use of the benefits and that these claims are processed as required in the Rehabilitation Services section of the benefits contract.</p>

<p>What is the standard rehabilitation benefit language which applies to massage therapy?</p> <p><i>Note: Some contracts may have additional/custom language related to these services.</i></p>	<p>The contract states:</p> <p><i>“Benefits for inpatient and outpatient rehabilitation therapy services (such as massage therapy) are provided when such services are medically necessary to either <u>restore and improve a bodily or cognitive function that was previously normal</u> but was lost as a result of injury, illness or surgery.”</i></p> <p>As this definition demonstrates, massage therapy is a covered benefit only when it is diagnosed and prescribed by a physician or referring provider (such as a Chiropractor) to treat a covered medical condition.</p>
<p>Is this a benefit change?</p>	<p>No. Massage Therapy has always been subject to medical necessity requirements as a service under the Rehabilitation Therapy benefit. Premera Blue Cross is simply validating medical necessity by requiring that a current prescription be on file before claims can process.</p>
<p>Why wasn't Premera Blue Cross monitoring these claims before?</p>	<p>Previously, our policy was to adjudicate massage therapy claims automatically for claims processing efficiency. The prescription was enforced through a random claims audit process. After reviewing massage therapy expenditures, we determined that investing in closer monitoring would better support the medical necessity intent of the benefit, quality of care objectives and cost control interests of our employers and members.</p>

<p>How will members currently receiving Massage Therapy services be impacted?</p>	<p>Members currently receiving massage therapy will be notified 45 days prior to the effective date, allowing them time to renew or get a current prescription from their doctor or other prescribing provider, such as their chiropractor.</p> <p>There are two ways members can ensure their massage therapy claim is processed:</p> <ol style="list-style-type: none"> 1. The member can provide a copy of the massage therapy prescription to their massage therapist. The therapist will submit the prescription along with the claim. 2. Members can access the Massage Therapy Prescription Submission Form online in the forms section at www.premera.com, complete it and mail it along with the prescription to Premera Blue Cross directly, <i>before</i> the massage therapy service is received. When a member chooses to submit the form directly, rather than through the massage therapist, it will expedite the processing of the claim. (Recommended for members living out of area and utilizing BlueCard) <p>Members can access the “Massage Therapy Prescription Submission Form,” item #020008, online (after March 12, 2009) www.premera.com/forms</p> <p>Members should mail the Massage Therapy Prescription Submission form and prescription to:</p> <p>Premera Blue Cross P.O. Box 91059 Seattle, WA 98111-9159</p>
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