Massage Therapist Prescription Tip Sheet

Premera Blue Cross requires a prescription for massage therapy. Use the tips below to expedite claims processing.

Expedite Claims Payment:
Verify the prescription you are submitting covers the date of service on your claim. Then, submit the prescription using the Massage Therapy Prescription Submission Form. The form is available at premera.com/wa/provider in the library under Claims and Billing.

Do not attach the prescription to the claim. This may delay processing. Instead, attach the complete and legible prescription to the form. A complete prescription must include:

- Patient name
- Patient date of birth
- Patient identification number
- Prescription date
- Prescribing physician name, signature and phone number
- Diagnosis, frequency and duration or number of visits

The following are considered invalid prescriptions and are not accepted:

- Prescriptions written as “At LMP’s Discretion”, “PRN” or “Max Allowed.” The prescription must clearly state the recommended treatment timeframe for massage therapy services.

- Prescriptions older than 90 days: If treatment has not begun within 90 days of the date on the prescription, a new prescription is required.

- Massage Therapy Prescription Forms with writing in the “Attach Prescription Box”. The prescription should be attached to the form and be issued from a prescription pad or letterhead that indicates the prescribing provider’s name.

General Tips
When the prescription is complete, attach it to the Prescription Submission Form and send it to us. You can fax the form to 866-447-8670 or 509-252-7245. Note: This fax number is dedicated to massage therapy prescriptions only.
We do not accept claims/correspondence or corrected claims submitted to this fax line. We will return these documents to the sender through the United States Postal Service.

Continue to submit claims electronically; we recommend sending the prescription ahead of time so that your claim is not denied.

Submit claims with the same diagnosis that is on the prescription. If the diagnosis does not match, the claim will be denied.

Did your claim denial indicate “services by a massage therapist require a provider prescription”? You do not need to resubmit the claim. We will reprocess the related claims upon receipt of the prescription.

Do you have an updated prescription? You do not need to resubmit the claim. Send us only the updated prescription. Resubmitting claims may cause a delay, as we may have to research the claim for duplicate information. Changes to the prescription need to be initialed or signed off by the prescribing provider.