

What is 'Third-Party Authorization' and why are you talking to me about it?



Several insurance companies have started employing a company called Evicore when dealing with the disbursement of their customers' benefits. If your plan falls into this category there are some important things you need to know, to help us help you manage your benefits.

Here are some commonly asked questions and points of confusion:

My plan has 24 (for example) massages a year. Why are you talking about three or four visits being approved?

- Although your plan offers 24 (for example) visits per year, they only authorize your *use* of those visits if medical necessity is proven. Thus, every few visits we must provide data to them regarding your progress. They then approve future visits in packs of 1, 2, 3, or 4 visits.

My Doctor's Prescription says I get 12 (for example) visits for the next 12 weeks. Why does there need to be additional approval?

- Although your doctor prescribed 12 (for example) visits to work on your condition, your insurer still demands that sufficient progress is being made throughout the treatment, to continue to approve care. Thus, every few visits we must provide data to them regarding your progress. They then approve future visits in packs of 1, 2, 3, or 4 visits.

Does this affect how and when I can schedule my appointments?

- Yes! Your number of approved visits is approved for a specific window of time- 30 days. For example, there are 4 approved visits from 10/22/17-11/21/17.

What happens if I schedule after that window?

- Your insurance company will refuse payment- and you will be financially liable.

How do I prevent this from happening?

- First, follow your prescription from your doctor. If it says one time weekly, as close as possible, come one time weekly.
- Second, schedule your next appointment(s) as you are leaving. By scheduling in-house, we are able to better monitor your approval dates and visits.

Why is this happening?

- We've asked that question too! The answer we've received is that many insurers saw their customers taking advantage of their benefits by using them as 'maintenance' or 'wellness' massage, instead of for the treatment of specific conditions.
- Despite their value, 'maintenance' and 'wellness' massage is not covered by your insurance plan.