

Billing My Medical Insurance



Medical Insurance has changed drastically in recent years. As a consumer, we're sure you've noticed it too. Below are a few of the most commonly asked questions when billing your insurance company. Awareness around these will help ensure that you have a smooth process when working with your insurer.

Here are some commonly asked questions and points of confusion:

I don't know if my plan has massage coverage- can you check?

- We do not confirm your benefits for you. It is the expectation that you have confirmed your coverage before your insurance-billed treatment begins.

Will you track the number of visits I have, so I don't go over?

- Although we try to keep an eye on this, we take no responsibility for you going over your number of visits. We have no way of knowing whether you've seen other LMTs, or whether your plan groups massage in with other treatments like physical therapy. We will gladly provide a quantity of visits for you at any time, to aid you in tracking.

My insurance says they cover massage by a PT or Chiropractor- what do we need to do?

- This is a clear sign that your insurer is from outside of Washington State. What this means is that they cover the *procedure* of massage, when your physical therapist or chiropractor massage a specific muscle for five minutes during your visit with them. They do not cover the treatment of massage. If this is the case, we welcome you to make use of our Time of Service discount.

Okay, my insurance covers massage therapy, and I even found out that MTA is in-network. Now what?

- Great! You just need a prescription from your doctor or chiropractor.

What if my insurance says I don't need a referral?

- Sadly, insurance companies cause quite a bit of confusion with this. Although you may not need *permission(referral)* from your doctor to see an LMT, we need a *diagnosis (prescription)* to bill your insurance company. Assigning a diagnosis is outside our scope of practice, thus we need a prescription.

What if my insurance says in need preauthorization?

- If this is the case, you're probably with Premera or Regence. Please see our 'Third Party Authorization' FAQ sheet.

If I owe a coinsurance or deductible, how often will I get billed by you?

- Once we've submitted a claim to your insurance company, we generally hear back within 4-6 weeks.
- We bill clients once per month, but you are always welcome to check in with the administrative team regarding your balance.