



## Insurance Reimbursement

For health insurance reimbursement you need a prescription and/or letter of medical necessity from a doctor or chiropractor. ABW is not a doctor's office. It is out of our scope of practice to diagnose or prescribe. Many FSA & HSA accounts also require a prescription or letter of medical necessity to be on file. These usually need to be renewed annually.

The prescription should include the following:

- Date issued
- Diagnosis and ICD-10 code
- Number of massages prescribed and duration (i.e.: 6 visits at 1 visit per week)
- Provider name and physical or electronic signature

\*We offer a blank prescription form that you can print out and take to your doctor here:

<http://abwedu.com/wp-content/uploads/2016/12/Prescription-ICD-form-2017.pdf>

### Speaking with your Insurance:

Many of our clients have used the following guidelines to help them converse with their Insurance Company when checking their insurance benefits for manual therapy:

1. Call your adjuster with your prescription (if you need a doctor referral, we work with many that believe in Manual Therapy) and discuss the following:
  - a. Do you cover 97140 if performed by a Licensed Massage Therapist specializing in Manual Therapy?
    - Note: We are trained in Myofascial Release, Neuromuscular Therapy, Range of Motion and much more.
  - b. If you feel that the treatments have benefited you; say so. Be an advocate for your treatments
2. Advanced Bodywork is NOT a "contracted provider", but some insurance companies will cover "out of network" benefits.
  - a. Ask them what type of documentation you will need to get reimbursed by your insurance company.

\*Remember, when working with insurance companies, NO does not always mean NO.

Convincing Statements to tell your insurance (if true):

- I have had significant relief from these treatments compared to others
- These treatments have saved the insurance company money on prescription medications
- I am able to do activities of daily living with more ease
- I've had improved range of motion
- I feel that this type of therapy is working better than others I have tried that insurance paid for

The point you're trying to make is: "why would you continue other therapy that is more expensive and has not worked in the past?"

If you are considerate and emphatic when talking to the adjuster, sometimes they will work harder to get the reimbursement you seek.

### **Insurance Invoices and Prescriptions:**

1. We do not directly file or bill to your insurance company; however, as a courtesy we will supply you with an invoice so you can submit it to your insurance.
  - Invoices are processed Monday through Friday and require 48 hours advanced notice via email.
  - We can NOT and will NOT talk directly to your health insurance company. HIPAA laws do NOT allow it.
2. For invoices and further insurance questions, contact Caty at [info@abwedu.com](mailto:info@abwedu.com).
  - If you are filing directly to your insurance company, please state that in your email.
  - If you are looking for FSA or HSA reimbursement, please state that in your email.
  - If you require an invoice and treatment notes, please state that in your email.

### **Tipping your Therapist and Insurance:**

- Tips will not be reimbursed when filing with insurance, FSA, or HSA
- You can NOT use your FSA card to tip
- Your insurance invoices will show your treatments received and their costs (tips will not be shown)
- Insurance as well as FSA & HSA will not reimburse you for prepaying (only as each treatment is received)
  - Example: if you purchase a 390 package and have used one of the five hour session, you can file a claim and potentially be reimbursed for \$78.