

What is the Future of Insurance Billing?

BY JULIE ONOFRIO

THE ABILITY TO BILL INSURANCE COMPANIES IS A MIXED BLESSING FOR THE MASSAGE PROFESSION. ON ONE HAND: MASSAGE THERAPISTS ARE BEING ACCEPTED AND RECOGNIZED BY INSURANCE COMPANIES AND THE MEDICAL PROFESSION AS HEALTH-CARE PROFESSIONALS; OUR WORK IS BEING VALIDATED AS A LEGITIMATE FORM OF HEALTH CARE; AND WE ARE ABLE TO BILL INSURANCE COMPANIES AS A SERVICE TO OUR CLIENTS.

On the other hand ... Here in Washington, massage therapists and other providers of “alternative” health care are eligible to become contracted providers with HMOs and PPOs, as mandated by state law. Washington is one of two states that require insurance companies to allow massage therapists to become contracted providers. (Florida is the other.) But with this opportunity to become part of the health-care system, we are faced with the challenges of dealing with insurance companies and the third-party networks that administer the insurance companies’ plans; together, these entities set limits on what we are paid, set rules about how long and how many times we can see a client, and restrict what services—which CPT code can be billed and which ICD-9 code will be accepted, for example—we can provide. And automobile-insurance companies, which have until now consistently paid our billed (UCR) rates, are now joining HMO- and PPO-managing networks, meaning massage therapists have to accept the lower fees we agreed to under contract.

The focus of insurance companies is to get the client back to work or functioning better; i.e., curing symptoms—which is really different from healing. The medical model focuses on assessing, diagnosing and treating symptoms, and does not take into consideration a wellness model.

Having insurance companies pay for clients’ sessions also raises the question of who is responsible for a person’s health—the insurance company or the client. After participating in these networks for

the past five years, I have seen more and more clients say that if the insurance company doesn’t cover it, they won’t be able to get massage. By having massage available through their health-insurance plans, clients are placing their health in the insurance companies’ hands.

Another insurance-related issue involves our profession’s scope of practice. In the massage field, more and more schools and individuals claim to teach something called “medical massage,” each with their own definition (and each one thinking their definition is the right one). Without a consistent standard, third-party networks are setting up their own credentialing requirements for “clinical massage practitioner”—meaning that the insurance companies are defining medical massage.

The reason insurance companies are doing all of this is because they can. We as a profession do not have one unified association strong enough to represent us in the face of this challenge, nor have we clearly defined medical-massage scope of practice.

I have been in private practice for 17 years, during which the majority of my income has been from cash payments. In 2000 I became a provider for a few insurance companies and found that my income increased slightly, but my work hours increased greatly. I am faced with constantly calling insurance companies, doctors and clients to collect payment. I am spending more time running my business, making it less profitable.

Many types of health-care professionals, including physicians, chiropractors,



Courtesy of Julie Onofrio

mental-health therapists and acupuncturists, are opting out of

participating in networks because they won’t play this game with the insurance companies.

The questions I propose to the massage profession are:

- Do we as a profession really want to be part of this system?
- If so, what do we need to do so that we do not become slaves to the insurance companies?
- How do we protect our right to bill for specific CPT codes and get paid what we are worth?
- Is “medical massage” just the ability to bill insurance companies, or is it a specific technique? If it is a technique, who has the right to say what it is?
- How does having health insurance affect clients’ ability to participate in getting well?
- How can we protect our scope of practice and work with insurance companies that are more powerful than all of our professional associations put together?
- Is there a way to form a more cohesive community with financial backing and manpower to stand up to the insurance companies?

I don’t know what the answers are, but I know that finding them will require that we come together as a profession *and* a community—which will require that we set aside our political agendas and look, together, into our future.

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