



Toolkit # 5 Insurance Billing



Massage Insurance Billing: Frequently Asked Questions



CPT Coding Issues and Answers

(Originally appeared in *Massage & Bodywork*, February/March 2007)



Working with Physicians and HMOs

(Originally appeared in *Successful Business Handbook*)



Making Insurance Work for You

(Originally appeared in *Successful Business Handbook*)



Building a Hospital-Based MT Practice: 5 Key Factors

(Originally appeared in *Massage & Bodywork*, February/March 2007)



Client Intake Form



Physician's Referral



Cancellation Policy



SOAP Note Form



HIPAA Form



CMS 1500 Form



CPT Coding Issues and Answers

By Vivian Madison-Mahoney

Now, more than ever, massage therapists across the nation are asking about CPT codes—what codes to use and if they can use them at all.

I find in speaking with massage therapists, even though they are asking for CPT codes, many do not know what they are or what the difference is between a CPT code and an ICD-9 code. So let's begin with explanations of both.

Codes Explained

Current procedural terminology (CPT) codes, a numbering system set up for establishing types of treatment provided by medical providers, were developed by the American Medical Association (AMA) several years ago. Each year the AMA updates its CPT code book, but only a few of the thousands of included codes apply to massage therapists.

There are several categories in the AMA code book, but massage therapy falls best under the "Medicine" section. An example of a CPT code widely used by massage therapists is "97124—Massage, including effleurage, petrissage, and/or tapotement (stroking, compression, percussion)." Another CPT code massage therapists use is "97140—Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes."

A misconception among many is that there is, or should be, a code for every individual service we provide. While there is hope that this may happen in the future with ABC Coding, the fact is that most of our techniques fall under manual therapy or massage therapy, which in some states is defined as soft-tissue manipulation.

There are a variety of codes that a massage therapist might be able to use, but only under certain circumstances. For example, Florida's scope of practice allows for the use of approximately twelve to fifteen different codes by massage therapists. When using any code, one must be sure it's designating a procedure or modality used within the therapist's scope of practice and training.

While we often hear we cannot use a specific code because it is not in the "Medicine" section, or that the

codes are not to be used by massage therapists because they are physical therapy codes, let me assure you, this is not true.

Following are some excerpts from the AMA 2007 CPT code book:

- "It is important to recognize that the listing of service or procedure and its code number in a specific section of this book does not restrict its use to a specific specialty group."
- "Any procedure or service in any section of this book may be used to designate the services rendered by any qualified physician or other qualified healthcare professionals."

**A misconception among many is
that there is, or should be, a code
for every individual service we provide.**

Still, as we will discuss shortly, there are many codes within the CPT code book that fall way outside our scope of practice and are more applicable for physical therapists or other providers.

ICD-9 stands for International Classification of Diseases, 9th edition. The ICD-9 is a diagnostic code used by medical doctors to designate body locations of injuries and ailments. Since massage therapists are not allowed to diagnose, it is important that a diagnostic code is included on any prescriptions that accompany a physician referral.

In order for insurance companies to reimburse for massage therapy or any medical service, the condition being treated must be medically necessary. The way insurers initially determine medical necessity is by the diagnosis, designated by a code corresponding with the medical condition provided by the treating physician.

Some examples of ICD-9 codes massage therapists might see from physicians include "847.2—Lumbar sprain/strain" and "847.1—Thoracic (dorsal) sprain/strain." →

Rights of MTs to Treat Certain Clients Remains in Jeopardy

In July 2005, Medicare ruled that no one but physical therapists (PTs), occupational therapists (OTs), and speech language pathologists (SLPs) could treat patients “incident to” physicians and in the physician’s office. This was after approximately seven years of allowing physicians to hire who they deemed qualified to provide medically necessary care to their patients, incident to their own services.

This ruling has caused thousands of massage therapists, lymphedema therapists, athletic trainers, kinesiologists, vision specialists, and other providers to be without work. It has caused Medicare patients across the country to suffer without the treatment of choice by their physicians. Physician’s hands are tied when it comes to who they can choose to provide treatment for their patients.

In response, the National Athletic Trainers Association (NATA) created a group called the Coalition to Preserve Patient Access to Physical Medicine and Rehabilitation Services. The organizer of the coalition, Cate Brennan Lisak, has requested other groups, organizations, and associations join this coalition. There are no costs and no dues; just phone, e-mail, and letter involvement.

Now remember, we cannot now, nor have we ever been able to, bill Medicare directly. This is not about that. This is about being allowed to work on Medicare patients in physicians’ offices and facilities. This is about helping alleviate the pain and suffering of Medicare patients and helping other providers do the same. It is about keeping specific groups from controlling what type of medically-related services Medicare patients can receive and the providers physicians can choose to administer those services.

Here are the key points in favor of passing Senate Bill S.3963—Patient Access to Physical Medicine and Rehabilitation Services Act 2006, introduced into legislation by Senator Craig Thomas from Wyoming. To contact your state senators, go to www.senate.gov, and state legislators, go to www.house.gov, and click on your state. When requesting a legislator’s assistance, feel free to use the following framework in the box to the right.



Urging Senator Support—Nine Key Points in Favor of S.3963

Patient Access to Physical Medicine & Rehabilitation Services Act of 2006

1. We respectfully request your support of S. 3963 on behalf of thousands of qualified healthcare providers who, prior to 2005, provided physical medicine services to Medicare beneficiaries for relief of physician-diagnosed conditions.
2. This bill will assist in the elimination of apparent discrimination against many categories of trained, licensed, and/or certified quality healthcare providers and will restore services to Medicare beneficiaries for which they are now denied or are receiving from those not fully qualified.
3. S.3963 provides improved quality access for Medicare beneficiaries and supports cost-effective delivery of physical medicine. Patients will once again receive a broader range of cost-effective services.
4. Medicare already covers these services, just not the providers trained to provide them. This bill will establish that qualified, trained, licensed, and caring providers will once again be able to provide physical medicine services to Medicare patients.
5. This bill is *not* an issue of physical therapy, but is an issue of “Physical Medicine.” No qualified healthcare provider owns the rights to the use of physical medicine services or the American Medical Association’s (AMA) CPT codes.
6. S.3963 restores physician’s rights to choose providers they deem best qualified to provide medically-effective services to their Medicare patients, whether that is a physical therapist in private practice or an athletic trainer, vision specialist, massage therapist, lymphedema therapist, kinesiologist, or other qualified healthcare provider.
7. The CMS therapy—“incident to” rule—doesn’t make sense because it limits the ability of specialized healthcare providers to provide care in a time of grave provider shortages.
8. Medicare’s elimination of many provider categories may further negatively affect medically needy patients if this is not legislatively overturned, in as much as third-party payers often follow Medicare guidelines.
9. There will be no increased Medicare costs. MedPac studies indicate a substantial savings when services are delivered in a physician’s office.

We really appreciate and thank you in advance for your assistance in passing S.3963.

Sincerely,
Your name, credentials

Scope of Practice and CPTs

I cannot stress enough that when using CPT codes, make sure those you use reflect your training and scope of practice. Do not operate outside your scope of practice, and follow meticulous billing procedures. If you use codes to bill insurance companies that are outside your scope of practice and training, you may find yourself with disciplinary actions taken from your licensing or governing bodies. Trust me, you do not want to find yourself in a court of law, before your licensing boards, or before an auditing or fraud unit of an insurance company trying to explain why you are operating outside your scope of practice.

When I first looked at the AMA CPT code book in 1984 and saw the thousands of codes available, I had to decipher which were best for my training and scope of practice for the state in which I was licensed. When writing my courses and manuals to instruct therapists on how to bill insurance, I had to include all codes that a massage therapist *might* be able to use. It's important that every individual working with CPT codes deciphers which of those codes are in their own scope of practice and training for their state licensure or certification.

For instance, if your state statute and scope of practice does not allow you to perform ultrasound or hydrotherapy, even though those codes are in the CPT code book under the "Medicine" section, you would not use them.

Therapists find themselves in trouble when they use codes not in their scope of practice, when the codes used do not reflect the treatment they provided, when the codes used do not coincide with their documentation, and when codes used do not reflect what the physician has prescribed.

**Do not operate outside your
scope of practice, and follow
meticulous billing procedures.**

Another Kind of Business

We all went to massage school to become a therapist. We take continuing education courses to remain a therapist and keep our licenses and/or certifications current. But most of us do not comprehend that when accepting medical cases and insurance, it requires some schooling, in and of itself. This takes learning the ropes of working with insurance company adjusters, physicians, and lawyers, as well as other



aspects of insurance billing. It's much more than just knowing CPT or ICD-9 codes or possessing a specific type of form.

Dealing with insurance is an ongoing process of education. I have spent twenty-two years at this and am still learning. If you are willing to learn the ins and outs of working with medically-oriented patients and insurance, and learn to bill fairly and appropriately, you will find this to be a rewarding adventure, both financially and emotionally. Helping others is the name of our game. The better you understand and play the game, the more people you can help, the more you will prosper, and the better you will feel. **M&B**

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Working with Physicians and HMOs

Medical Massage

Demanding and oftentimes lucrative, medical massage is a growing specialty for massage therapists.

Although the terms *medical* and *clinical* are often used interchangeably, medical massage is the more appropriate term to describe massage prescribed by a physician to address specific medical problems.

Not To Be Confused

Medical massage should not be confused with hospital-based massage therapy, which often offers massage with the same generalized goals as a private practice—to reduce stress, promote relaxation, and support health through caring touch. In hospital settings, massage can be provided by volunteers and students, as well as licensed MTs.

Medical massage therapists, on the other hand, are typically licensed and experienced MTs who have developed specific knowledge and skills related to the use of massage in the treatment of specific medical conditions. According to David Luther, founder and president of the American Medical Massage Therapy Association and coauthor of *The Medical Massage Office Manual*, medical massage therapists address a specific pathology diagnosed by the healthcare provider, who may be a physician, chiropractor, or osteopath.

Medical massage focuses on pathology, injuries, and rehabilitation. A massage therapist performing medical massage needs to be able to understand the client's diagnosis, as well as the health provider's prescription for treatment. Needless to say, the therapist also needs to be familiar with (and competent to deliver) the prescribed treatment.

If a prescription is unclear, it is up to the therapist to communicate with the healthcare provider to clarify exactly what is required. Your treatment is considered an adjunct to medical care. In order to qualify for reimbursement, you must be working with a referral or prescription and under close supervision by the referring professional.

Generally speaking, massage therapists need no additional licensing to provide medical massage, but most

medical massage therapists have had additional training in pathology, medical terminology, and medical procedures, Luther says.

Medical massage therapy can be lucrative. According to Luther, the average therapist can more than double her income moving from massage therapy to medical massage.

In medical massage, you are investing the same amount of treatment time as with a cash client, but you will need to set aside greater amounts of time for administrative tasks. Medical massage comes with heavy loads of paperwork. Massage therapists working in the medical area spend a significant portion of their days dealing with insurance companies, physicians, hospitals, and even legal officials.

Insurance: Pros And Cons

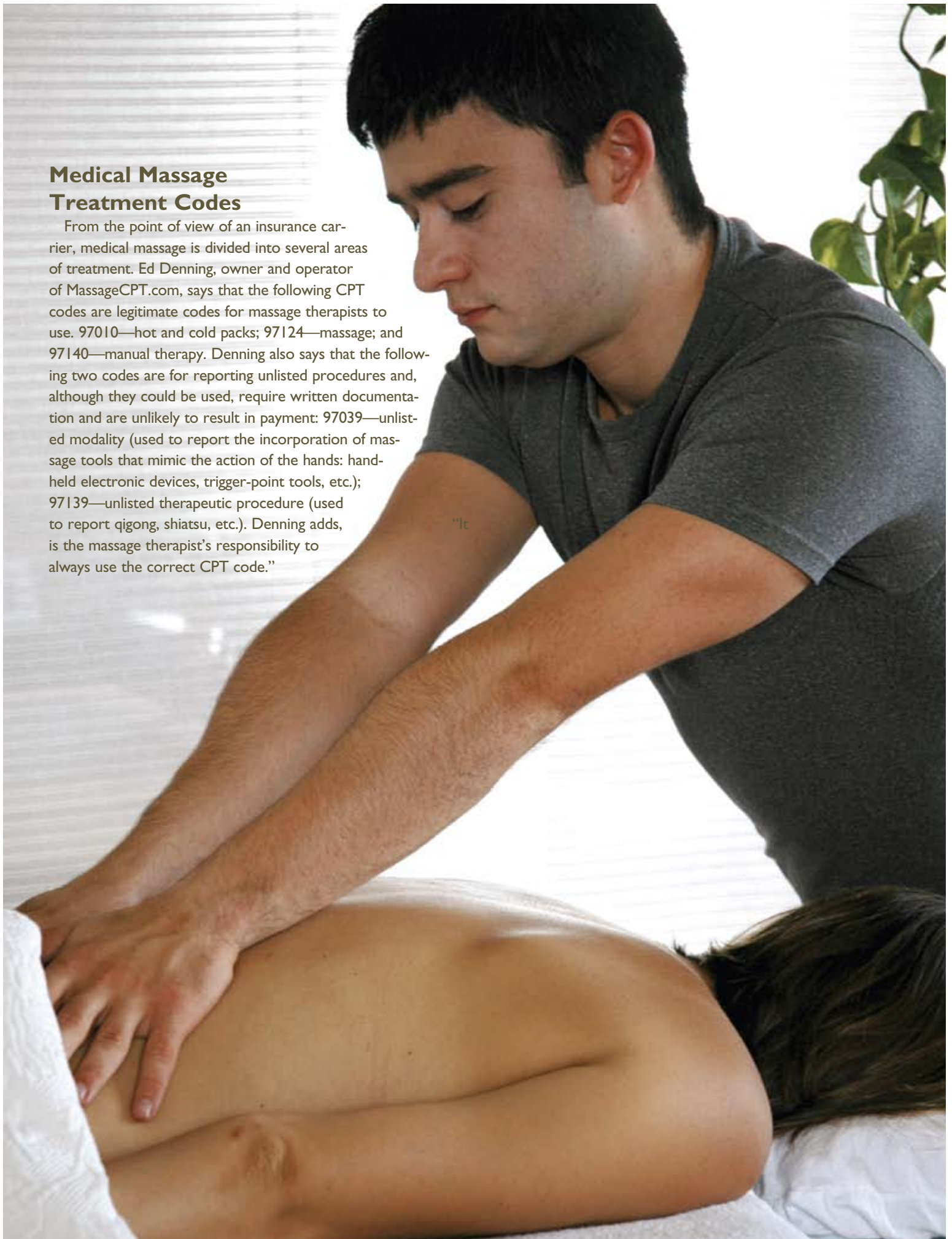
Whether as an employee or contractor, working on-site at a physician's or other health provider's office offers a number of advantages, including the professional environment itself, a steady stream of referrals, and the camaraderie of being part of a team. As an on-site contractor, space rental generally includes use of a receptionist and scheduling services, as well insurance billing, although you typically supply your own equipment. You will be expected to adhere to the provider's needs and office hours.

You can also work on referral as an independent contractor in your own space. No matter what road you choose, knowledge of insurance and billing will be vital to your success. Depending on the state in which you live, you can charge your client cash and have her file for reimbursement, deal directly with the insurance company yourself, or have the healthcare provider's staff handle billing. As an employee, options include being paid by the hour or splitting reimbursement with the healthcare provider.

Remember, insurance companies pay for the treatment of clearly defined and physician-diagnosed medical disorders, not for preventing disease or maintaining good health. **SBH**

Medical Massage Treatment Codes

From the point of view of an insurance carrier, medical massage is divided into several areas of treatment. Ed Denning, owner and operator of MassageCPT.com, says that the following CPT codes are legitimate codes for massage therapists to use. 97010—hot and cold packs; 97124—massage; and 97140—manual therapy. Denning also says that the following two codes are for reporting unlisted procedures and, although they could be used, require written documentation and are unlikely to result in payment: 97039—unlisted modality (used to report the incorporation of massage tools that mimic the action of the hands: hand-held electronic devices, trigger-point tools, etc.); 97139—unlisted therapeutic procedure (used to report qigong, shiatsu, etc.). Denning adds, “It is the massage therapist’s responsibility to always use the correct CPT code.”



Making Insurance Work for You

By Christine Rosche



One of the most common questions clients ask massage and bodywork practitioners is whether their treatment will be covered by their health insurance. What do you say? Based on my experience, the answer is “definitely maybe.”

Turning “no” or “maybe” into “yes” depends on your understanding of the health insurance system and how to make it work for you.

If you do decide to take the plunge and go for insurance reimbursement (which I heartily encourage you to do), you should understand a few basic points about what insurance is and how it works.

Insurance Basics

All insurance, not just health insurance, is a pool of money put together by a large group to protect the individuals in the group against a financial loss caused by such events as accident, illness, or even natural disaster. The role of an insurance company, at least in theory, is to pool the money in the form of premiums paid in by individuals, keep it safe until needed, and pay it out to those who suffer losses.

A policy is the formal agreement between the individual and the company as to how much the premiums will be, what losses are covered and other essential details.

A claim is a formal request by an insured person for reimbursement for a covered loss. Insurance companies only pay for losses they have agreed in advance to cover.

One recent trend in health insurance is for more and more employers to provide health coverage to their workers through prepaid group medical practices called HMOs and PPOs (health maintenance organizations and preferred provider organizations). These new structures are meant to reduce healthcare costs by guaranteeing fees in advance and limiting the choice of physicians.



The Role We Play

The big plus in getting insurance to pay for your service is much higher income and a wider, more stable practice because more people will be able to use you (the average billable hourly rate for clinical bodywork is now \$75 to \$95 per hour).

Many clients could not afford your service without some type of insurance coverage. My experience shows that U.S. consumers who have a medical diagnosis expect to be reimbursed for bodywork when it is part of a treatment program or meant to alleviate a particular medical condition.



Also, many healthcare professionals want to send us clients. More and more bodyworkers work in medical settings such as hospitals, doctor's offices, and clinics. An increasing number of healthcare professionals (doctors, chiropractors, acupuncturists, and osteopathic physicians) understand the important role we play in healthcare and want to include us in their treatment plans. Unfortunately, even the doctors do not usually know how to bill for your services. They, too, need to learn how you fit in for you to be paid.

The big challenge in seeking reimbursement is complying with regulations of the bureaucracy and the paperwork insurance companies demand. You have to deal with the details of billing codes, record keeping, and fee limits, or pay someone to handle it for you.

Also, employers and insurance companies must control their costs, which means they scrutinize insurance claims more closely. And you must establish a satisfactory relationship with one or more healthcare professionals who will make referrals to you and bill for your services. If you practice in a state where massage practitioners are licensed, your status is different, and you may bill most insurance on your own. Until you know how the system works, all of this can be a daunting barrier.

The Essentials For Reimbursement

To get insurance companies to pay for your massage or bodywork services you must:

- Work in tandem with a licensed healthcare provider, such as a medical doctor or chiropractor, who diagnoses the client's condition and prescribes your services as a necessary part of the medical treatment plan.
- Use the terminology accepted by insurance companies. Insurance is not meant to cover relaxation massage for a healthy person. But many companies will pay for neuromuscular reeducation or soft-tissue therapy for a client with a diagnosed disease or an accident-related injury.
- Keep accurate, complete progress records of all your work, including the date, procedures performed, and specific findings.
- Submit the correct forms properly filled out. As a matter of good business and professional practice, you must also communicate regularly with the doctor so each of you is aware of what the other is doing, as well as follow up with the insurance company so you receive the money you are owed.



We Are Pioneers

The position and status of our profession is changing as consumers become more demanding of adequate healthcare services and insurance companies recognize our value. But we are only beginning. Consumers, doctors, and insurance company executives all need to understand the benefits of our work and its role within this complicated system. As healthcare professionals, we need to learn how to make the system work for us, since we clearly have great benefits to offer and can receive great benefits in return. **SBH**

Christine Rosche, MPH, CTP, CBT, is the author of The Insurance Reimbursement Manual and an authority in marketing and insurance reimbursement. She is in private practice in Palo Alto, California.

Building a Hospital-Based MT Practice

5 Key Factors

By Anna Kania

As the public's interest in complementary and alternative medicine (CAM) continues to skyrocket, hospitals are beginning to tap into that demand and create new revenue streams at the same time. As a result, the development of hospital-based massage therapy practices are beginning to grow. A new U.S. survey conducted by Health Forum, a subsidiary of the American Hospital Association, shows that the number of hospitals offering massage therapy has increased by more than one-third during the past two years.¹

The integration of CAM into conventional medical practice is challenging, as I have learned firsthand during my seven years of experience at the massage clinic at St. John's Rehab Hospital in Toronto, Canada. However, our successful integration supports the increasing potential for CAM in conventional healthcare settings, as well as offers some key factors that contribute to that union.²

Keys to Success

During my tenure, it became evident there are some key factors in running a successful massage therapy practice in a hospital environment. These factors include defining the role of massage therapy in a medical healthcare facility; providing education to staff and patients; having excellent clinical skills; engaging in hospital activities; and utilizing business skills. To successfully build a hospital-based practice requires vision, commitment, and engagement in various professional activities.

Define the Role of Massage in a Multidisciplinary Team

The multidisciplinary healthcare model is commonly used in hospital settings so that all of the patients' needs are addressed. Although there are variations depending on the specific needs of the patient and the organization, a hospital team generally consists of a physician, nurse, physical therapist, and an occupational therapist. Other healthcare disciplines such as social work, psychology, speech pathology, and nutrition are brought on board as indicated. In this context, what is the role of massage therapy in the care of patients? What unique elements does massage therapy bring to the table so that care is enhanced, but duplication of services is avoided? →

Holistic Outcome Measures for Hospital Massage Therapists

- **Arizona Integrative Outcomes Scale.** Bell IR., Cunningham V, Caspi O, Meek P, Ferro L. Development and Validation of a New Global Well-Being Outcomes Rating Scale for Integrative Medicine Research. *BMC Complementary and Alternative Medicine*, 4:1, 2004.
- **Canadian Interdisciplinary Network for Complementary & Alternative Medicine Research.** The IN-CAM network is creating a database on outcome measures. Visit www.incamresearch.ca.
- **Goniometry.** Visit www2.worksafebc.com/ppcc/resources/ErgoToolsGuidanceSheet.pdf.
- **McGill Pain Questionnaire.** Visit www.med.umich.edu/obgyn/repro-endo/Lebovicresearch/PainSurvey.pdf.
- **Measure Your Own Medical Outcomes Profile.** Visit www.hsrb.ac.uk/mymop.
- **Numerical Pain Rating Scale.** Visit www.mdanderson.org/pdf/pted_painscale_numeric.pdf.

That answer depends on a number of factors, including the type of hospital and the population base. The approach taken at St. John's was to have a clear understanding of the scope of practice and the specific role of each discipline. To establish the presence of massage therapy meant identifying the special skill set brought forward by massage therapy into the present system. For example, emphasizing a holistic approach to patient care involved assessing and treating non-injured areas or compensatory structures. Along those lines, massage therapy can facilitate the healing process by decreasing stress, anxiety, pain intensity, and/or improve sleep (duration and quality). Lastly, the specialized palpation and manual skills of massage therapists was recognized in context of scar massage, manual release of soft-tissue restrictions, and manual drainage techniques for swelling reduction and management. Massage therapy also became recognized as an important pain management strategy. Although not an exhaustive list, it is an example of how the specific role of massage therapy can be defined within a multi-disciplinary team setting.



A massage treatment room is a peaceful corner at St. John's. Photos courtesy of St. John's Rehab Hospital.

Educate Your Clients

2 Education and knowledge are powerful tools. Educational initiatives about massage therapy were of high importance at St. John's, especially in the early stages of creating the program. Many conventional hospital clinicians and physicians expressed uncertainty about the integration of massage therapy, as they related it to a spa service and were unfamiliar with massage practice in a hospital setting. Through in-house seminars, presentations, newsletters, and brochures, the staff of St. John's was introduced to and educated about the profession of massage therapy. The scope of the session included regulation, education, benefits of treatment, indicators and contraindicators to massage therapy, and the specific role of massage therapy in a multidisciplinary context. In addition, through one-on-one conversations, massage therapists were able to

Massage therapy also became recognized as an important pain management strategy.

speak to case-specific questions. The availability of massage therapists to take the time and speak to individual therapists, nurses, and doctors—introducing themselves and being visible in the various departments on a regular basis—contributed to the development of clinical relationships and trust with the various teams involved in patient care. The result:

open lines of communication were established and referral numbers began to increase. Due to the high value of providing staff, patients, and the community with current information about massage therapy, various educational initiatives are an ongoing and regular activity for all of St. John's massage therapists.



A glimpse of St. John's massage clinic setup.

Research articles can also be a key tool for educational purposes. It is vital that what you outline as a benefit or indicator is supported by research studies, since evidence-based practice is the gold standard with this crowd. As the area of research on massage therapy continues to grow and evolve, new research findings need to be highlighted and shared with the various disciplines with which massage therapists interact.

Become a Hospital Clinician

3 The knowledge and skill level of the massage therapist is vital for effective treatment provision. Postgraduate education, which supports the development of hands-on skills, is very important. Excellent clinical skills should encompass assessment, clear identification of short- and long-term goals, the ability to develop

an appropriate treatment plan, and determining the particular techniques appropriate to specific tissues or conditions. These skills not only result in excellent treatment provision, but they also demonstrate the clinical competency of the therapist.

The use of validated outcome measures (see Outcome Measures, see page 37) is a fundamental aspect of outcome-based practice. It enables other clinicians and physicians to identify the therapeutic outcomes and benefits of the massage intervention in a language that is shared by all healthcare professionals. In order for massage therapy to be integrated in any degree in a hospital setting, use of outcome measures and evidence-based practice must be a key component.

Hospital-based clinicians are involved in various activities, in addition to direct patient treatment, including completing various medical reports (discharge reports, assessment reports, progress reports), participating in family meetings and weekly team rounds, and handling administrative tasks such as documenting daily workload. It was the experience of the massage therapists at St. John's that participation in these activities further solidified the presence of massage therapy as a clinical discipline integrated into patient care.

Establish Hospital Involvement

4 When the massage clinic was first implemented at St. John's, our therapists' involvement on various hospital committees, objective groups, accreditation teams, advisory councils, and interest groups ensured that the discipline of massage therapy was represented and visible on a hospital-wide level. Such professional involvement enables massage therapists to interact with various clinical, administrative, and management groups in numerous capacities, and establishes the presence of massage

therapy as a stakeholder of the hospital, gives a voice to the profession, and further enforces the presence of massage therapy as an important aspect of health-care provision.

Professional activities that go above and beyond hands-on treatments can be invaluable since they contribute to the reputation and public awareness of a clinic and its massage therapists.



St. John's Rehab Hospital in Toronto, Ontario, Canada.

want to work with a specific patient population. Third, consider how massage therapy will be financed by the patients or clients. Fourth, since patients cannot be solicited, the use of promotional tools and materials to inform and educate should be explored and clearly defined. And lastly, clearly outline what type of administrative support you will require

(i.e., secretary for booking appointments and other clerical work) and it will be provided by the hospital or whether it needs to be organized independently.

Developing a specialized niche for the practice of massage therapy in a multidisciplinary context can be challenging.

Be Business Savvy

5 Since massage therapy is not covered by Canada's public healthcare plans, the massage clinic is a revenue-generating source and operates as a business. With any business venture, large or small, a business plan is key in order to identify the strategies, goals, timelines, marketing and promotion, and various aspects of a business, in addition to hands-on treatment provision to build a successful clinic.

Basic knowledge of how to run a small business and how to develop a business plan is a tremendous asset to any individual who takes on the task of developing a revenue-generating clinic in a hospital. Most local colleges offer workshops on how to write a business proposal and plan—a worthwhile investment.

There are a few key business considerations that have a strong impact on the practice of massage in a hospital. First, negotiate with the proper parties whether massage therapists are salaried employees or independent contractors (there are pros and cons to both). Second, decide whether massage therapy is integrated into a hospital program or unit, or is a stand-alone, independent clinic. Also consider whether you

Rewarding Environment

During its existence, the Massage Therapy Clinic at St. John's has grown, as reflected in the number of working massage therapists, the variety of internal programs from which patients receive massage therapy, and the volume of patients referred internally and externally. The hospital-based practice has evolved as a direct result of the massage therapy team providing excellent treatments, interpersonal skills, and flexibility and adaptability in responding to various demands and changes. Most importantly, the recognition and support of the management team and clinical disciplines at St. John's Rehab Hospital was imperative in the growth and presence of the massage therapy profession in the hospital environment.

Developing a specialized niche for the practice of massage therapy in a multidisciplinary context can be challenging. However, having the opportunity to work with a team of talented and caring individuals who are open to exploring new therapies and approaches and interacting with patients is incredibly rewarding. Being part of such an environment is a constant reminder of why one chooses to become a therapist and be involved in the provision of healthcare. **M&B**

Anna Kania holds a bachelor of science degree in biology and has worked as a registered massage therapist in a hospital setting for the last six years. She recently applied her scar massage skills to work in Cambodia with burn patients. In addition to clinical work, Kania has published articles, is an educator, and plans to begin graduate studies in Community Health in September 2007. Contact her at aniakania@yahoo.com.

Notes

1. "Table Talk." *Massage*. www.massagemag.com/News/2006/January/Hospital.php. (accessed July 13, 2006).

2. St. John's Rehab Hospital is a medium-sized rehabilitation hospital providing a specialized multidisciplinary, patient-centered approach. It is a leading burn rehabilitation center in Canada that also provides inpatient and outpatient care for neurological conditions, complex traumas, organ transplants, and amputee patients. The Massage Therapy Clinic at St. John's was established in 1999 and was formally integrated into the Back on Track program, an outpatient rehabilitation program providing specialized, multidisciplinary therapy to amputees, burn survivors, and other complex trauma patients.

Client Information

Name _____ Phone (_____) _____ DOB _____

Address _____ City _____ State _____ Zip _____

E-mail: _____

Referred by: _____ Phone (_____) _____

In case of emergency: _____ Phone (_____) _____

Occupation _____ ☐ Male ☐ Female Physician _____

Health Insurance Carrier _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you ever experienced a professional massage or bodywork session? ☐ Yes ☐ No How recently? _____

What are your massage or bodywork goals? _____

What kind of pressure do you prefer? ☐ light ☐ medium ☐ firm

If you answer "yes" to any of the following questions, please explain as clearly as possible.

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you frequently suffer from stress? | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you bruise easily? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No Any broken bones in the past two years? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you experience frequent headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No Any injuries in the past two years? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you pregnant? | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have tension or soreness in a specific area? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer from arthritis? | Please specify _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you wearing contact lenses? | _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you wearing dentures? | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have cardiac or circulatory problems? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have high blood pressure? | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer from back pain? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you taking high blood pressure medication? | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have numbness or stabbing pains? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer from epilepsy or seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No Are you sensitive to touch or pressure in any area? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer from joint swelling? | <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had surgery? Explain below. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have varicose veins? | <input type="checkbox"/> Yes <input type="checkbox"/> No Other medical condition, or are you taking any |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any contagious diseases? | medications I should know about? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have osteoporosis? | Comments _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any allergies? | _____ |

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature _____ Date _____

Practitioner Signature _____ Date _____

Consent to Treatment of Minor: By my signature below, I hereby authorize _____ to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian _____ Date _____

Cancellation Policy



We understand that unanticipated events happen occasionally in everyone's life. Business meetings, project deadlines, flight delays, car problems, snowstorms, and illness are just a few reasons why one might consider canceling an appointment. In our desire to be effective and fair to all of our clients and out of consideration for our therapists' time, we have adopted the following policies:

- **24 hour advance notice is required** when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment.
- If you are unable to give us 24 hours advance notice you will be charged the **full amount** of your appointment. This amount must be paid prior to your next scheduled appointment.

No-shows

Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show". They will be charged for their "missed" appointment and future service will be denied until payment is made.

Arriving late

Appointment times have been arranged specifically for you. If you arrive late your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, **you will be responsible for the "full" session.**

*Out of respect and consideration to your therapist and other customers, **please** plan accordingly and be on time.*

WE LOOK FORWARD TO SERVING YOU.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Law requires the privacy of your health information be maintained and that you are provided this notice of the legal duties and privacy practices with respect to your health information. Other than the uses and disclosures we described below, your health information will not be sold or provided to any outside marketing organization.

We must abide by the terms of this notice and we reserve the right to change the terms of this privacy notice. If a change is made, it will apply for all of your health information in our files, and you will be notified in writing.

HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

USES AND DISCLOSURES

Here are examples of use and disclosure of your health care information:

1. We may have to disclose your health information to another health care provider, or a hospital, etc., if it is necessary to refer you to them for the diagnosis, assessment, or treatment of your health condition.
2. We may have to disclose your session records and your billing records to another party (i.e. your insurance company), if they are potentially responsible for the payment of your services.
3. We may need to use any information in your file for quality control purposes or any other administrative purposes to run this practice.
4. We may need to use your name, address, phone number, and your records to contact you to provide appointment reminder calls, recall postcards, Welcome and Thank You cards, information about alternative therapies, or other related information that may be of interest to you. If you are not at home to receive an appointment reminder, a message will be left on your answering machine.

YOUR RIGHT TO LIMIT USES OR DISCLOSURES

You have the right to request that we do not disclose your information to specific individuals, companies, or organizations. Any restrictions should be requested in writing. We are not required to honor these requests. If we agree with your restrictions, the restriction is binding on us.

PERMITTED USES AND DISCLOSURES WITHOUT YOUR CONSENT OR AUTHORIZATION

Under federal law, we are also permitted or required to use or disclose your information without your consent or authorization in the following circumstances:

1. We are providing services to you based on the orders (referral) of a health care provider.
2. We provide services to you in an emergency and are unable to obtain your consent after attempting to do so.
3. If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.

REVOKING YOUR AUTHORIZATION

You may revoke your authorization to us at any time in writing. There are two circumstances under which we will not be able to honor your revocation request:

1. If your information has been released prior to your request to revoke your authorization. 165.508(b)(5)(I)
2. If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your information if they decide to contest any of your claims.

CONFIDENTIAL COMMUNICATION

We will attempt to accommodate any reasonable written request regarding your contact information that has been provided by you.

AMENDING YOUR HEALTH INFORMATION

You have the right to request that we amend your health information for seven years from the date that the record was created or as long as the information remains in our files. We require a written request to amend your records that includes a valid reason to support the change. We have the right to refuse your request.

INSPECTING/COPYING YOUR HEALTH INFORMATION

You have the right to inspect the your files while in our office and/or have a copy made for you. The information is available up to seven years from the date that the record was created. Your request to inspect or obtain a copy of the file must be in writing. There will be a charge of \$.20 per page copied.

ACCOUNTING OF DISCLOSURES OF YOUR RECORDS

You have the right to request an accounting of any disclosures (not listed below) made of your information for six years prior to the date of your request. The request must be in writing. The accounting will exclude the following disclosures:

Required for your session, to obtain payment for services, to run our practice, and/or made to you.

Necessary to maintain a directory of the individuals in our facility or to individuals involved in your care.

For national security, intelligence purposes, or law enforcement officers.

That were made prior to the effective date of the HIPAA privacy law (April 14, 2003).

We will provide the first accounting within a 12-month period without any charge, but any additional requests will be charged a fee. When you make your request we will tell you the amount of the fee and you will have the opportunity to withdraw or modify your request

RE-DISCLOSURE

We cannot control the actions of others to whom we have released your information for further treatment. Information that we use or disclose may be subject to re-disclosure by these individuals/facilities and may no longer be protected by the federal privacy rules.

COMPLAINTS

You may complain to us or to the Secretary for Health and Human Services if you feel that we have violated your privacy rights. We respect your right to file a complaint and will not take any action against you if you file a complaint. Written comments should be addressed to our office address or Secretary for Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Bldg. Washington, DC 20201.

This notice effective as of April 14, 2003. This notice will expire six years after the date upon which the record was created. By signing below, I acknowledge that I was given the opportunity to read and ask questions.

I, _____, give my permission for you to leave any information for me and use your name/clinic name at the following:

Home phone _____

Work phone _____

Cell phone _____

Fax _____

Client Name Printed

Date

Client Signature

Authorized Staff Person

Personal Representative Printed

Personal Representative Signature

Description of personal representative's authority to act for the client.

Physician's Referral

Physician's Name: _____

Physician's Address: _____

Physician's Telephone: (____) _____

I have been treating this patient since _____ for the following condition(s): _____
date

I have prescribed (specific massage therapy or bodywork treatment) for this patient's condition as follows:

Rx: _____ times per week for a period of _____ weeks.

Please note that the following considerations/medications warrant special concern:

Should you notice anything unusual or suspicious in the treatment or progress of this patient, please notify my office immediately.

Physician's Signature _____ Date _____

SOAP Notes

Client _____

S (Subjective) Information on client symptoms given by either the client or the referring healthcare provider.

O (Objective) Derived from a client interview, health history, visual exam, range-of-motion testing, posture assessment, or palpatory results.

A (Assessment/Application) What kinds of treatment were used? What changes took place as a result of the treatment?

P (Plan Of Treatment/Progress) Under the auspices of medical massage, this category would include the treatment options given you by the referring physician.

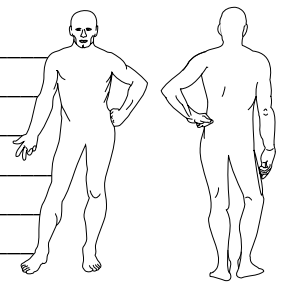
Date of Session _____ Time of Session _____ Length of Session _____

S _____

O _____

A _____

P _____



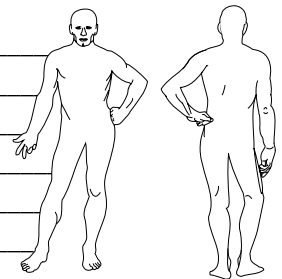
Date of Session _____ Time of Session _____ Length of Session _____

S _____

O _____

A _____

P _____



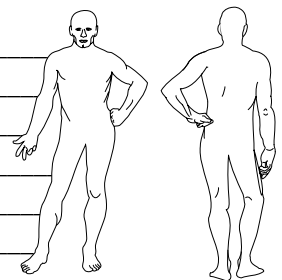
Date of Session _____ Time of Session _____ Length of Session _____

S _____

O _____

A _____

P _____



Symbols Key:

Pain = ● Left = L Right = R Inflammation = ⓘ Increased, elevated = ↑

Decreased, depressed = ↓ Greater release = ☆ Cross-fiber friction = XFF Range of Motion = ROM

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA										PICA																																																																					
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (ID)										1a. INSURED'S I.D. NUMBER (For Program in Item 1) Number from card or claim number																																																																					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Doe, Jane L.										3. PATIENT'S BIRTH DATE MM DD YY 01 02 03 M <input type="checkbox"/> F <input checked="" type="checkbox"/>										4. INSURED'S NAME (Last Name, First Name, Middle Initial) Doe, John R.																																																											
5. PATIENT'S ADDRESS (No., Street) 123 Pleasant Drive										6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>										7. INSURED'S ADDRESS (No., Street) 123 Pleasant Drive																																																											
CITY Suburbia										STATE CO										CITY Suburbia										STATE CO																																																	
ZIP CODE 12345										TELEPHONE (Include Area Code) (123) 456-7890										ZIP CODE 12345										TELEPHONE (Include Area Code) (123) 456-7890																																																	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:										11. INSURED'S POLICY GROUP OR FECA NUMBER Group number from card																																																											
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										a. INSURED'S DATE OF BIRTH MM DD YY 01 02 04 M <input checked="" type="checkbox"/> F <input type="checkbox"/>																																																											
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>										b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										b. EMPLOYER'S NAME OR SCHOOL NAME Protective, Inc																																																											
c. EMPLOYER'S NAME OR SCHOOL NAME										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										INSURANCE POLICY OR PROGRAM NAME Group plan																																																											
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. RESERVED FOR LOCAL USE										11. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED On File																																																											
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any information necessary to process this claim. I also request payment of government benefits either to the patient or to the provider as indicated below. SIGNED On File										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED On File										14. DATE OF CURRENT ILLNESS (First symptom) INJURY (Accident) OR PREGNANCY (MP) MM DD YY 03 04 05																																																											
15. NAME OF REFERRING PROVIDER (Other Source) Jane Smith, MD										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY										17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																																											
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO										21. MEDICAID RESUBMISSION CODE																																																											
21. DIAGNOSIS OR NATURE OF ILLNESS (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 840.4 2. 840.6										22. PRIOR AUTHORIZATION NUMBER										23. PRIOR AUTHORIZATION NUMBER																																																											
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY										B. PLACE OF SERVICE EMG										C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER										E. DIAGNOSIS POINTER										F. \$ CHARGES										G. DAYS OR UNITS										H. I. O. QUAL										J. RENDERING PROVIDER ID #									
1 03 15 05 03 15 05 1										97124										All										100.00										4										NPI																													
2 03 22 05 03 22 05 1										97124										All										100.00										4										NPI																													
3																																																																															
4																																																																															
5																																																																															
6																																																																															
25. FEDERAL TAX I.D. NUMBER SSN EIN Social or Employer ID <input type="checkbox"/>										26. PATIENT'S ACCOUNT NO.										27. ACCEPT ASSIGNMENT? (For prior claims, see back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										28. TOTAL CHARGE \$ 200.00										29. AMOUNT PAID \$ 0.00										30. BALANCE DUE \$ 200.00																													
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Your Name Date completed										32. SERVICE FACILITY LOCATION INFORMATION Address where services were given a. NPI										33. BILLING PROVIDER INFO & PH # Your mailing address or your biller's address a. NPI																																																											