



Massage Today

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A Call to Action for Massage Therapists

By Vivian Madison-Mahoney, LMT

This month, I'd like to share an e-mail I received from a massage therapist in Ohio who is frustrated with the Medicare system as it pertains to massage therapy. Following her e-mail is my response, which also serves as a call to action for massage therapists everywhere.

Editor's note: These correspondences have been edited for clarity.

Dear Vivian:

I was wondering if you are aware of the new provisions that went into effect in March? I have the new Medicare guidelines in front of me that basically state that as of March 2005, LMTs, along with athletic trainers and anyone that has a license other than COTAs, PTs, PTAs, OTs, will no longer be able to bill Medicare under the Physical Medicine codes, such as 97140 for reimbursement, regardless of whether one is working under the direction of a physician.

This is a real hit on medical massage therapy.

I am a LANA [Lymphology Association of North America]-Certified Lymphedema Therapist working under my Ohio massage license. I work in a clinic staffed with over 140 board certified physicians, and I am the only certified therapist in Southeastern Ohio. It was amazing to me that the Massage Advisory Committee knew nothing of the new guidelines; neither did the medical board. What is frightening is that this slipped in and no one has tried to intervene. I would have never known myself if it wasn't for where I work. Effective March 1, 2005, I am not able to treat Medicare patients, much to their anguish. If you have any information on this subject, I would appreciate hearing from you.

Thank you for your time.

- Karen L. Meadows, LMT, CLT-LANA

Dear Karen:

You are correct that as of March services provided "incident to" physician's services are no longer to be provided by licensed (or unlicensed) employees, independent contractors or therapists (unless the services are provided by PTs, etc.)

I say provided versus billed, as massage therapists have never been able to direct bill Medicare, but at least the physicians were able to bill in order for us to provide this service to their patients - the service we are trained to provide!

I agree that this is a real setback. We are moving upwards and onwards one step at a time. We all know what Medicare allows or requires, and other insurers soon follow suit. For example, many insurance companies stopped paying for hot and cold packs after Medicare took that right away, claiming it was a service that could be provided by patients themselves at home.

The real setback is for the patient who needs and benefits from therapy provided by caring, trained massage therapists that they will not get from a PT or other provider untrained in this service. I see this as a step to PTs taking over massage in the long run if we do not get together and fight - not only us, but patients and doctors as well. Patients or potential patients need to be informed and able to petition for their medical rights. Doctors need to fight to keep the right to prescribe therapy by providers of their choice. And we need to fight for our rights to earn a living and provide services we are trained to provide (as athletic trainers are also trying to do).

As for someone trying to intervene, I agree...where is everyone? In September, I received an e-mail from an athletic trainer fighting for his rights. The letter asked for everyone to respond to a specific Medicare proposal to eliminate all but PTs, OTs and SLPs from providing services that were "incident to" physician services. I knew what this would mean so I immediately went to my *Massage Insurance Updates, Tips and News Update List* and sent an update requesting all therapists to respond to and beg for this proposal not to be accepted or passed by Medicare. Hundreds responded and massage therapists e-mailed me furious over this proposal. It was late in the game at that point; I only had a week to do something to help and that was all I could do at the time.

Since then, I have searched, researched, and made calls and sent e-mail directly to Medicare to find out what their final decision was on this. I found nothing and received nothing! But the PT association Web site states that they WON their request to be the only ones allowed to provide this service. Massage therapists specifically are not listed in any of the communications that I have read. In fact, responses to Medicare on this issue did not even include those from massage therapists. Some doctors and other providers objected to the proposal, as did we. I am still involved in the research to find whatever I can.

You say you will not be able to provide this service to patients, much to their anguish. This is the part that bothers me - we need to fight for patient's rights! I have written to a senator on this issue, and also recently wrote to Tommy Thompson, Secretary of Health and Human Services, but they gave me the bureaucratic runaround - just as Medicare did and does.

Bottom line: We have to go before the Social Security Administration to request changes in Medicare. Can we? Will we? If so, when? I cannot fight this battle alone. Are you ready to jump on the bandwagon with me? The 140 board certified physicians where you work is a great start for us...they could sign a petition that may help.

Click [here](#) for more information about Vivian Madison-Mahoney, LMT.



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