North Georgia Myofascial Release
(Formerly Peak Performance Therapy, LLC.)
Myofascial Release (MFR)
270 East Main Street, Suite E-3 Canton, Ga 30114
NorthGaMFR.com
(678) 262-8843

Letter to Client

It is **your** responsibility to seek insurance reimbursement for your myofascial release therapy treatment. This will be classified as massage therapy or physical therapy according to the provider you choose to work with. North Georgia Myofascial Release **will not** submit a claim for reimbursement on your behalf. **This means that full payment for services to North Georgia Myofascial Release is required at the time of service**, regardless of whether your insurance will reimburse you. No refunds will be administered or partial payments accepted pending approval or dismissal of a reimbursement claim.

Myofascial Release is classified as a "Manual Therapy Technique" for which the national treatment classification code is (CPT 97140). Massage Therapy may also involve and be coded as "Therapeutic Touch" (CPT 97799) and "Massage Therapy" (CPT 97124). **Your doctor should write you a prescription detailing your conditions/diagnosis and requesting that you receive myofascial release treatment and/or manual therapy technique under the appropriate listed codes**. You may use the physician referral document below to begin the process.

Please understand that your insurance company may grant reimbursement based on the license held by the provider you choose to work with. North Georgia Myofascial Release contracts with both massage therapists and physical therapists. Many companies will reimburse for treatment from a physical therapist, but not for work with a massage therapist. Please consider this in your decisions for care and reimbursement.

Basic Steps to Submit a Claim

1.) Find out if your insurance covers therapy by an out-of-network provider, specifically by a physical therapist or a licensed massage therapist (LMT) depending on which of our providers you choose to work with. Some insurance providers will only cover massage/manual therapy by a chiropractor or a physical therapist (see instructions on page 3-4 of this packet)
2.) Request that your healthcare provider complete the attached Physician's referral form, complete with the CPT code (s) listed above for Massage Therapy/Manual Therapy/Physical Therapy Techniques, and/or have your physician write an official prescription for this therapy (again, including CPT codes is important) and submit to our office for our record keeping.
3.) After your treatment session, we will provide you with a superbill similar to the example offered on the second page

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4.) Submit your claim along with your prescription/ physician referral form and superbill to your insurance company

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Physician Referral Form
Request for Medically Necessary Myofascial Release

Client's Name: _____ Date:_____

Diagnosis and ICD-10-CM Codes:

_____

(Check all that apply)

___ Massage Therapy (CPT 97124)
___ Manual Therapy Technique (CPT 97140)
___ Therapeutic Touch (CPT 97799)
___ Modalities
___ Other: _____

Contraindications/Precautions for massage therapy/myofascial release:

_____

Treatment Frequency Suggested:
___ daily for ___ weeks
___ treatment sessions per day for ___ weeks
___ 4 treatment sessions per week for ___ weeks
___ Other: _____

Should you notice anything unusual or suspicious in the treatment or progress of this patient, please notify my office immediately using my contact information below:

_____ M.D., D.O., D.M.D., D.D.S. Or _____
(Physician Signature) (Credentials)

Name, Address and Phone Number of Referring Physician

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Client Superbill Example

8/3/2022

Patient: Sandy Joe
Sandy's Address
Sandy's Phone Number

Referring Physician: Tom Ngyun, D.O.
Dr. Ngyun's Address
Dr. Ngyun's Phone Number

Date	Description	Procedure/CPT Code	DX 1	DX 2	Unit	Charge
8/3/2022	___ Massage Therapy (CPT 97124)					43.75
8/3/2022	___ Manual Therapy Technique (CPT 97140)					43.75
8/3/2022	___ Therapeutic Touch (CPT 97799)					43.75
8/3/2022	___ MFR Massage					43.75

8/3/2022	Patient paid with card	-175.00

Client Requests Reimbursement

Provider Information
Provider Name: Alex LaPierre
License Number: LMT 012979
EIN: 82-5336761

Total Charges:	$175
Total Payments:	-$175
Total Adjustments:	$0.00
Total Due This Visit:	$0.00
Total Account Balance:	$0.00

Insurance Reimbursement Instructions (Last Updated 10.28.2024)

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Client paid with credit card

More detailed instructions

How do I find my physical/ massage therapy insurance benefits?
1. Call the toll free # for customer service on your insurance card. Select the option that will allow you to speak with a customer service provider, not an automated system.

2. Ask the customer service provider to quote your general physical/massage therapy benefits. These are often referred to as “rehabilitation benefits” and can include physical therapy, speech therapy, and sometimes massage therapy.

3. If you are planning on receiving telehealth/online massage therapy, please ask (a) if telehealth is covered and (b) at what rate.

4. Ask if pre-authorization is required before treatment can begin.

5. Make sure the customer service provider understands you are seeing to work with an **out- of-network provider**.

Filling out paperwork

What YOU need to know:

• Do you have a deductible? Yes/No If yes, how much is it? ___ How much has already been met? ___

• What percentage of reimbursement do you have? (60%, 80%, 90%, are all common) _____

• Does the rate of reimbursement change because you’re seeing a non-preferred provider? Yes/No

• Does your policy require a written prescription from your primary care physician? Yes/No

• If yes, will a written prescription from any MD/physician, or a specialist your PCP (primary care physician) referred you to be accepted? Yes/No

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• Does your policy require pre-authorization or a referral on file for outpatient massage therapy services? Yes/No

• If yes, do they have one on file? Yes/No

• Is there a $ or visit limit per year? Yes/No If Yes, What is it? _____

• Do you require a special form to be filled out to submit a claim? Yes/No How do I obtain it?

• What is the mailing address you should submit claims/reimbursement forms to?

• Is there an online website where you can submit the claim? Yes/No What is the address?

4. What this information means:

• A deductible must be satisfied before the insurance company will pay for therapy treatment. Submit all bills to help reach the deductible amount.

• The reimbursement percentage will be based on your insurance company's established "reasonable and customary/fair price" for the service codes rendered. This price will not necessarily match the charges billed; some may be less, some may be more.

• If your policy requires a prescription or referral from your PCP you must obtain one to send in with the claim. This is usually not difficult to obtain if your PCP sent you to a specialist for help with your condition. If the referral from a MD or specialist is all you need, make sure to have a copy to include with your claim. Each time you receive an updated referral you'll need to include it with the claim.

• If your policy requires pre-authorization or a referral on file and the insurance company doesn't have one listed yet, you'll need to call the referral coordinator at your PCP's office. Ask them to file a referral for your massage therapy treatment that is dated to cover your first Massage therapy visit. Be aware that referrals and pre-authorizations have an expiration date and some set a visit limit. If you are approaching the expiration date or visit limit you'll need the referral coordinator to submit a request for more treatment.

This worksheet was created to assist you in obtaining reimbursement for massage therapy services and is not a guarantee of reimbursement to you.