

If you've received a denial, what you need to do is to request a Recommended Decision. Once our massage authorization request is denied, it's unfortunately out of our hands and is between you and the DOL.

Step One:

In writing, say something simple like:

"I disagree with the denial of massage therapy benefits for my covered condition(s) and request that a Recommended Decision be issued in this case."

Be sure to include:

- Your signature
- The date
- Your white card number

Step Two:

Take your signed and dated written statement AND a copy of your massage denial letter to the Resource Center. Ask them to upload both documents into your electronic case file. (If you need a copy of your denial letter, I likely have it.)

Step Three:

In about one month, you will receive a letter that begins with "Recommended Decision."

This letter will restate the reasons for the denial and will include two waiver forms. Do NOT sign the waivers.

Step Four:

Go back to the Resource Center with a copy of the Recommended Decision letter.

In writing, state that you object to the recommended decision to deny massage therapy for your covered condition(s). Again, ask the Resource Center to upload your written objection into your electronic file.

Step Five:

Call me as soon as you receive the Recommended Decision letter.

At that point, we will begin a rebuttal and submit additional supporting evidence showing why massage should not have been denied in the first place.

Meanwhile,

- Start making a list of the symptoms that have returned and how that is impacting your quality of life.
- Have your nurses document, in detail, the decline in your health since massage has been denied. Keep it tied ONLY to your accepted condition(s).
- Make a doctor's appointment just dedicated to this, and have the decline in your health and need for massage documented there as well. Keep it tied ONLY to your accepted condition(s). I will help you prepare a letter for your doctor to sign.

Note If you did not receive a denial letter please message me. I will give you what you need to call to request it.*

- Call the DOL at 1-888-805-3401
- Provide your white card number
- Ask to speak with your Medical Benefits Examiner (MBE)
- Tell them you did not receive a letter explaining the denial of your healthcare for authorization number _____
- Ask them to mail a copy of the denial letter to you
- Ask them to fax a copy to your provider:

Tri-Cities Manual Therapy

Fax: 1-509-984-6616

Please make note of your MBE's name. We are tracking which MBEs do and do not send requests to the medical director.