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Acknowledgement and Referral Form

Benefit Option available to Carolina Complete Health (CCH) members Massage Therapy for Pain

Service Goals and Objectives/Treatment Philosophies

CCH offers massage therapy provided by a licensed massage therapist as an alternative pain management strategy in lieu of pharmaceutical pain management, particularly Schedule II narcotics. This service will require prior authorization.

Description of Service/Item

CCH proposes alternative pain management via massage therapy provided by a licensed massage therapist in lieu of pharmaceutical pain management with Schedule II narcotics. This service will require prior authorization.

Anticipated Outcomes

Improved pain management with avoidance or reduction of the use of opiate therapies.

Referral Information

Diagnosis Code	
Member Name	
Member DOB	
Member Medicaid ID	
Member Phone Number	

Doctor Acknowledgement

Signature

Date

Patient Acknowledgement

Signature

Date

Please keep a copy of this form for your records and send a copy to the Massage Therapist. Prior Authorization must be sent to CCH for approval. Please indicate the diagnosis code on the authorization. With approval, a member may be eligible for up to 10 hours of total care per year. For questions, please reach out to Member Services at 1-833-552-3876.