

Department of Veterans Affairs (VA)
Questions for the Record Submitted to
Mr. Richard Topping
Assistant Secretary for Management and Chief Financial Officer;
Ms. Alicia Skolrood
Executive Director, Integrated External Networks, Office of Integrated Veteran
Care, Veterans Health Administration
From the Committee on Veterans' Affairs
United States House of Representatives
"Community Care Network Next Generation: One Trillion Dollars of Oversight"

January 22, 2026

Questions for the Record from Representative Abe Hamadeh:

Question 1: Please explain the clinical and operational difference, if any, between physical therapy covered under Medicare and medical massage therapy (MMT) provided by qualified massage therapists covered under VACCN.

VA Response: Physical therapy under Medicare involves licensed physical therapists providing rehabilitative care focused on restoring movement and function. Medical Massage Therapy (MMT) under Veterans Affairs Community Care Network (VACCN) is performed by qualified massage therapists and focuses on pain relief and muscle relaxation. Physical therapy typically includes exercise regimens and functional training, while MMT emphasizes manual manipulation techniques.

Question 2: Is MMT provided by qualified professional massage therapists, as defined by VA (and the SEOC), a covered benefit under Medicare?

VA Response: No. Medicare does not cover massage therapy as a standalone service.

Question 3: Please explain whether Medicare covers and/or pays for MMT by qualified professional massage therapists under CPT 97124 and post-therapy patient education under CPT 98960.

VA Response: Medicare does not cover Current Procedural Terminology (CPT) 97124 (massage therapy). CPT 98960 (patient education) may be covered in certain contexts but is not separately payable under standard Medicare rules. VA defers to the U.S. Department of Health and Human Services/CMS to explain coverage rules as it relates to MMT and post-therapy patient education.

Question 4: Please explain whether VA covers MMT by qualified professional massage therapists under CPT 97124 and post-therapy patient education under CPT 98960. Please explain how the VA and Third-Party Administrators (TPAs)

determine payment amounts for providers of MMT, including by citing specific applicable statutes, regulations, or sub regulatory materials.

VA Response: VA covers these codes under VACCN when clinically appropriate. Payment is based on locality-adjusted Medicare rates or VA Fee Schedule; if neither applies, reimbursement defaults to a percentage of billed charges.

Under VACCN, the contractor shall provide the following CCN Complimentary and Integrative Health Services (CIHS) and require all practitioners to submit claims using the appropriate Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code. If a CPT or HCPCS code is unavailable, the CCN CIHS Network practitioner shall use VA National Clinic List.

Question 4A: Please explain, including by referencing specific applicable statutes, regulations, or sub-regulatory materials, why Medicare Multiple Procedure Payment Reduction (MPPR) rules should apply to the VACCN MMT program when Medicare does not cover MMT by qualified professional massage therapists.

VA Response: Under 38 U.S.C § 1703, to the extent practicable, the rate VA pays for hospital care, medical services, or extended care services may not exceed the rate paid by the United States to a provider of services or a supplier under the Medicare program, for the same care or services Multiple Procedure Payment Reduction (MPPR) is applied because VA has negotiated under its agreements to purchase care in the community to pay Medicare rates when a Medicare rate exists. Medicare payment methodologies apply to all payments, whether or not Medicare covers the services. While Medicare does not cover MMT services, Medicare does calculate a rate for these services, which is calculated by applying Medicare payment methodologies including the MPPR.

Question 4B: Please explain why in 2024, VA added patient education CPT 98960 to its revised SEOC and code list and published a specific payment rate under the VA fee schedule, if it believed that patient education was not separately payable.

VA Response: VA added CPT 98960 to Standard Episode of Care to allow structured patient education as part of care coordination. The fact that a drug, device, procedure, or service is assigned a procedure code and a payment rate under the VA Fee Schedule does not imply coverage. It indicates only how the product, procedure, or service may be paid if covered by the program and determined to be separately payable. VA has negotiated to pay Medicare rates and determining the appropriate rate requires bundling these two services together.

Question 4C: Please explain how the VA and TPAs determine payment amounts for MMT providers for treatment at a provider's office, provided at a veteran's home, and provided at a VAMC. Explain the rationale for any differences, or the rationale for paying the same rate if there or [are] differences.

VA Response: VA pays for community care based on the terms in the agreement. VA negotiated to pay the Medicare rate where applicable. To pay the Medicare rate, VA applies Medicare payment methodology to calculate how much to pay for each service.

Question 5: Please identify and explain what notices, if any, the VA gave to providers or the TPAs that it intended to, or would, apply Medicare MPPR rules to MMT services and Medicare bundling rules to education services. If there was notification in writing, to either providers or the TPAs, please provide copies of the relevant documents, including if by email.

VA Response: VA confirms that guidance regarding the application of Medicare payment methodologies—including the MPPR for massage therapy services and bundling rules for education services—was communicated to TPAs through official Contracting Officer (CO) Technical Directions. These communications clarified that VA would adhere to Medicare payment guidelines for authorized services under the CCN contract. Specifically, VA issued technical directions outlining the application of CMS MPPR methodology to massage therapy services. This is consistent with the payment rates negotiated in the contract.

Notifications were sent via email to both TPAs and included formal guidance documents. Attached are copies of the relevant documents:

- R1 CO Guidance - MPPR Status-B Education Code Bundling_20251003(LES)
- R2 CO Guidance - MPPR Status-B Education Code Bundling_20251003(LES)
- R3 CO Guidance - MPPR Status-B Education Code Bundling_20251003(LES)
- R4 CO Guidance - MPPR Status-B Education Code Bundling_10.03.25.signed CO
- R5 CO Guidance - MPPR Status-B Education Code Bundling_10.02.25.signed

Question 6: Please provide data showing the number of qualified professional massage therapists (MTs) by state.

VA Response: The following table represents in-network massage therapists by state.

State	Number of Distinct Providers	Providers Added Since 06/01/2025
AK	335	177
AL	43	15
AR	78	24
AZ	186	72
CA	1012	288
CO	186	67
CT	36	24
DC	4	3
DE	15	3

FL	372	196
GA	142	88
GU	3	0
HI	212	52
IA	14	1
ID	73	23
IL	85	41
IN	43	14
KS	12	12
KY	73	26
LA	138	69
MA	70	23
MD	73	35
ME	71	35
MI	139	53
MN	45	15
MO	60	15
MS	44	16
MT	63	28
NC	219	161
ND	7	5
NE	16	3
NH	91	38
NJ	33	20
NM	97	29
NV	46	12
NY	235	78
OH	220	72
OK	21	7
OR	237	77
PA	150	61
PR	2	0
RI	23	3
SC	80	60
SD	90	22
TN	20	13
TX	407	212
UT	98	69
VA	136	67
VT	21	6
WA	1640	414
WI	159	46
WV	41	9

WY	3	1
Grand Total	7527	2900

Question 6A: When providing the data, provide the number of MTs that have left the program since June 1, 2025 and the number of MTs that have been added to the program since June 1, 2025 to determine the net number of MTs by stat and by TPA to the present.

VA Response: 1,458 massage therapists left the program since June 1, 2025, while 2,900 were added. The data was sourced from our Provider Profile Management System (PPMS). While PPMS can identify massage therapist service lines created on or after June 1, 2025, and those currently deactivated, it does not retain historical records of deactivations once a service line is reactivated. Accordingly, VA cannot provide a complete accounting of all massage therapist providers who left the program but returned during the requested period.

Question 6B: When providing the data, ensure MT numbers are distinct from any other providers under CIH[NW1.1], Whole Health, Pain Management, or any other category into which MTs are placed.

VA Response: Data is limited to what is supplied by the TPA. We were able to pull active massage therapist data by state, but the granular level of specialty and subspecialties is not a consistent field capture.

Question 7: What data does VA have on outcomes for MMT relative to opioids, other pain medications, ablations, spinal blocks, and other treatments?

VA Response: There is limited outcomes research on the effectiveness of MMT compared to other pain-management interventions, including opioids, non-opioid medications, ablations, spinal block, and other treatments. The small number of existing studies report positive impacts of MMT for various types of pain in different clinical populations, including Veterans as summarized in [Evidence Map of Medical Massage Therapy for Painful Conditions](https://www.hsrd.research.va.gov/publications/esp/evidence-massage.cfm) (<https://www.hsrd.research.va.gov/publications/esp/evidence-massage.cfm>). None of the conclusions from these studies were rated as having high or strong certainty. Chronic pain is typically managed through multi-modal treatment plans, which makes it difficult to identify the effect of any single treatment.

Question 8: One of the flexibilities granted during COVID was allowing the third-party administrators to schedule appointments directly with the veteran, upon them receiving a referral to community care.

VA Response: Flexibilities during the coronavirus disease 2019 pandemic allowed TPAs to schedule directly with Veterans upon referral due to an optional task through Optum and TriWest.

Question 9: There has been significant discussion regarding medical massage therapists (MMT) reimbursement rates. For example, many community massage therapists have advocated for the VA to maintain or increase payment rates, arguing that current Medicare-based fee schedules are too low for private practices to sustain. What efforts has the VA taken to resolve a disconnect between VA policy and VA payment regarding MMT provided under the Veterans Community Care Network (VCCN) program? Specifically, could you explain the application of Medicare reimbursement reduction policies, also known as the MPPR?

VA Response: VA applies Medicare payment methodology to calculate payments consistent with the terms of our agreements. Reimbursement is based on the payment hierarchy stated in our agreements. As indicated in the CCN NG contract, the payment hierarchy and application of rates is the Medicare rate. If no Medicare rate exists, VA applies the VA Fee Schedule; if no VA Fee Schedule exists, VA applies a percentage of billed charges.

Question 10: Under President Biden, President Trump's 2018 bipartisan MISSION Act was routinely violated. Mr. Chair, at this time I ask Unanimous Consent to insert [QUOTE] The Most Alarming Aspects of VA Document Review Staff Memo into the hearing record. [Chair: Without Objection]. Given the deliberate undermining of the MISSION Act during the Biden administration, how has the Administration overcome these obstacles given the mess you inherited?

VA Response: VA has taken several steps to ensure proper implementation of the MISSION Act, including recent enhancements driven by the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act.

Last year, VA directed that Best Medical Interest (BMI) determinations for community care eligibility be between a Veteran and their referring provider as required by law, and not subject to any secondary clinical review. We are continuing to monitor implementation to ensure this is consistently followed. This important change allows a provider to focus on getting the Veteran the care they need based on their unique needs and circumstances without barriers or red tape. Because of this, we've seen a 75% increase in BMI utilization from May 2025, when the change was implemented, to December 2025.

VA is also:

- Re-evaluating our standards for quality, which is one of the community care eligibility criteria.

- Looking at improving our outreach to Veterans on community care eligibility criteria, how to request community care, and how to appeal if community care is denied.
- Evaluating our community care referral processes and care coordination capabilities, which is critical as we continue to transition our electronic health record system and prepare for the future Community Care Network contract.

U.S. Department of Veterans Affairs
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