



## Massage Therapy Medical Necessity Guideline

<b>Medical Necessity Guideline (MNG) Title: Massage Therapy</b>		
<b>MNG #: 084</b>	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input type="checkbox"/> MA Medicare Premier <input type="checkbox"/> MA Medicare Value <input type="checkbox"/> RI Medicare Preferred <input type="checkbox"/> RI Medicare Value <input type="checkbox"/> RI Medicare Maximum	<b>Prior Authorization Needed?</b> <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
<b>Clinical:</b> <input checked="" type="checkbox"/>	<b>Operational:</b> <input type="checkbox"/>	<b>Informational:</b> <input type="checkbox"/>
<b>Benefit Type:</b> <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	<b>Approval Date:</b> 9/2/2021;	<b>Effective Date:</b> 2/06/2022;
<b>Last Revised Date:</b> 2/25/2022; 3/3/2022; 5/30/2022; 6/8/2023;	<b>Next Annual Review Date:</b> 9/2/2022; 3/3/2023; 5/30/2023; 6/8/2024;	<b>Retire Date:</b>

### OVERVIEW:

The term "massage therapy" encompasses many different techniques. In general, massage therapists press, rub, and otherwise manipulate the muscles and other soft tissues of the body. They most often use their hands and fingers but may use their forearms, elbows, and feet.

### Examples:

In Swedish massage the therapist uses long strokes, kneading, deep circular movements, vibration, and tapping. Among the many other examples of massage are deep tissue massage and trigger point massage which focus on myofascial trigger points, so-called muscle "knots" that are painful when pressed and can cause symptoms elsewhere in the body. There are many other forms of massage which may prove therapeutic. A failure of one form of massage does NOT rule out another type of massage.

### DECISION GUIDELINES:

#### Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

Although scientific research on massage therapy -- whether it works and, if so, how -- is limited, there is evidence that massage may benefit some patients and it is often a government- and market-driven covered service. Conclusions generally cannot yet be drawn about its overall effectiveness for specific health conditions and whether its effects last for longer than the hours or days immediately after treatment.



## Massage Therapy Medical Necessity Guideline

### Clinical Eligibility:

Members with diagnoses of anxiety, depression, chronic pain, osteoarthritis and cancer may be considered for a trial of this therapy. Other diagnoses generally will not benefit from this treatment. Improvement should be documented within the initial four weeks of massage care.

### Determination of need:

One (1) initial session of massage therapy may be approved without the following information in order to perform an objective assessment including the following information.

Clinical conditions for which massage therapy is being considered must be documented in the chart as follows:

- 1) Give our member's causes of discomfort and specific functional goals
- 2) Document a PROMIS-29 or other quantitative measure of our members' level of function and comfort
- 3) Show member engagement and compliance with High Opiate Patient Engagement (HOPE) guidelines including:
  - a) Behavioral Counselling,
  - b) Physical Therapy, and
  - c) A Pain Clinic evaluation
- 4) Show increased function or maintained function and member satisfaction with a new PROMIS-29 or other functional scale measurement before each service extension. Member satisfaction alone is not sufficient to extend the program.

### LIMITATIONS/EXCLUSIONS:

Cautions about massage therapy include the following:

- Side effects of massage therapy may include temporary pain or discomfort, bruising, swelling, and a sensitivity or allergy to massage oils.
- Vigorous massage should be avoided by people with bleeding disorders or low blood platelet counts and by people taking bleeding medications such as warfarin.
- Massage should not be done in any area of the body with blood clots, fractures, open or healing wounds, skin infections, weakened bones (such as from osteoporosis or cancer), or where there has been a recent surgery.
- Although massage therapy appears to be generally safe for cancer patients, they should consult their oncologist before having a massage that involves deep or intense pressure. Any direct pressure over a tumor usually is discouraged.
- Pregnant women should consult their PCP or OB/GYN before using massage therapy as a liability precaution.



## Massage Therapy Medical Necessity Guideline

CCA considers massage to be experimental and investigational for all other indications outside of those already listed. CCA considers massage therapy to be not medically necessary if there is no documented clinical benefit after two weeks of treatment.

Massage therapy for the treatment of chronic conditions or for maintenance care without objectively measurable improvement is considered not medically necessary and not covered. Additionally, massage therapy in asymptomatic members or in members without an identifiable clinical condition is considered not medically necessary and not covered.

### KEY CARE PLANNING CONSIDERATIONS:

Massage may be considered as a secondary treatment for the following conditions. Results should be closely monitored for improvement.

1. **Back pain.** Massage therapy may be more effective than acupuncture or spinal procedures for persistent low back pain and reduce the need for pain medication.
2. **Headache.** This is another type of pain which responds to massage therapy. Similar to stress reduction and trigger avoidance, massage therapy can reduce the frequency of migraines and improve sleep.
3. **Osteoarthritis.** Massage therapy may be less effective than active physical therapy, range of motion, and maintenance of weight-bearing exercises which should be ordered first.
4. **Cancer.** Massage is used only after traditional Western medicine. It can promote relaxation and reduce discomforts and side effects of treatment, so it may reduce pain, swelling, fatigue, nausea, or depression. Any treatment which elevates mood, reduces anxiety, and eases stress is likely to help the immune system and an individual's resistance to disease.
5. **Anxiety & Depression.** Research shows that massage and all forms of therapeutic touch help relieve depression and anxiety in a majority of people.

Visit frequency begins with once weekly sessions and then tapers to less and eventually maybe once monthly treatments for maintenance therapy. Rarely sessions can begin at twice weekly for a maximum of four weeks to assess if there is a measurable clinical improvement.

### AUTHORIZATION:

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).



## Massage Therapy Medical Necessity Guideline

Massage may be authorized using the following codes with only licensed providers: 97124, 97112, 97122, 97140, and 97110 for 1 (one) initial visit and then up to 11 (eleven) more visits in one year. Additional Massage Therapy visits beyond the first 12 in one year may be requested with a maximum of 12 additional visits per request. Note that additional visits requires repeat objective assessment demonstrating improvement. The total number of treatments does not normally exceed 36 visits in one year.

### REGULATORY NOTES:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria. This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

Massage therapy is not covered by Standard Medicare or Standard MassHealth.

### RELATED REFERENCES:

Evidence-Based Evaluation of Complementary Health Approaches for Pain Management in the United States.

Nahin RL, Boineau R, Khalsa PS, Stussman BJ, Weber WJ.

Mayo Clin Proc. 2016 Sep;91(9):1292-306. doi: 10.1016/j.mayocp.2016.06.007. Review.

PMID: 27594189

Massage with or without aromatherapy for symptom relief in people with cancer.

Shin ES, Seo KH, Lee SH, Jang JE, Jung YM, Kim MJ, Yeon JY.

Cochrane Database Syst Rev. 2016 Jun 3;(6):CD009873. doi: 10.1002/14651858.CD009873.pub3. Review.

PMID: 27258432

The Impact of Massage Therapy on Function in Pain Populations-A Systematic Review and Meta-Analysis of Randomized Controlled Trials: Part I, Patients Experiencing Pain in the General Population.

Crawford C, Boyd C, Paat CF, Price A, Xenakis L, Yang E, Zhang W; Evidence for Massage Therapy (EMT) Working Group.. Pain Med. 2016 May 10. pii: pnw099. [Epub ahead of print] Review.

PMID: 27165971

Massage therapy for fibromyalgia: a systematic review and meta-analysis of randomized controlled trials.

Li YH, Wang FY, Feng CQ, Yang XF, Sun YH.

PLoS One. 2014 Feb 20;9(2):e89304. doi: 10.1371/journal.pone.0089304.

PMID: 24586677



## Massage Therapy Medical Necessity Guideline

Does massage therapy reduce cortisol? A comprehensive quantitative review.

Moyer CA, Seefeldt L, Mann ES, Jackley LM.

J Bodyw Mov Ther. 2011 Jan;15(1):3-14. doi: 10.1016/j.jbmt.2010.06.001. Review.

PMID: 21147413

Massage therapy for cancer palliation and supportive care: a systematic review of randomized clinical trials.

Ernst E.

Support Care Cancer. 2009 Apr;17(4):333-7. doi: 10.1007/s00520-008-0569-z. Review.

PMID: 19148685

### Disclaimer

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

### ATTACHMENTS:

<b>EXHIBIT A: PROMIS-29 English Version</b>	<a href="#">PROMIS-29 English Version</a>
<b>EXHIBIT B: PROMIS-29 Spanish Version</b>	<a href="#">PROMIS-29 Spanish Version</a>

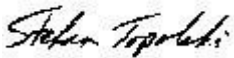
### REVISION LOG:

REVISION DATE	DESCRIPTION
6/5/2023	Removed HOPE language
05/30/2022	Template changed to include PA requirements and benefit type.




## Massage Therapy Medical Necessity Guideline

### APPROVALS:

CCA Business Process Owner	
Stefan Topolski, MD	Medical Director
<b>Print Name</b>	<b>Print Title</b>
	9/2/2021
<b>Signature</b>	<b>Date</b>

CCA Senior Clinical/Operational Lead	
<b>Print Name</b>	<b>Print Title</b>
<b>Signature</b>	<b>Date</b>

CCA CMO or Designee	
Nazlim Hagmann, MD	Chief Medical Officer
<b>Print Name</b>	<b>Print Title</b>
	6/8/2023
<b>Signature</b>	<b>Date</b>