



Massage Therapy Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Massage Therapy		
MNG #: 084	<input checked="" type="checkbox"/> S CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA)	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Benefit Type: <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	Approval Date: 9/2/2021;	Effective Date: 2/06/2022; 6/13/2024; 1/1/25
Last Revised Date: 2/25/2022; 3/3/2022; 5/30/2022; 6/13/2024; 12/12/24	Next Annual Review Date: 9/2/2022; 3/3/2023; 5/30/2023; 6/13/2025	Retire Date:

OVERVIEW:

Massage therapy is used to help manage a health condition or enhance wellness. It involves manipulating the soft tissues of the body. The term “massage therapy” includes many techniques. The most common form of massage therapy in Western countries is called Swedish or classical massage; it is the core of most massage training programs. Other styles include sports massage, clinical massage to accomplish specific goals such as releasing muscle spasms, and massage traditions derived from Eastern cultures, such as Shiatsu and Tuina.

The risk of harmful effects from massage therapy appears to be low. However, there have been rare reports of serious side effects, such as a blood clot, nerve injury, or bone fracture. Some of the reported cases have involved vigorous types of massage, such as deep tissue massage, or patients who might be at increased risk of injury, such as elderly people.

Many forms of massage may prove therapeutic. A failure of one form of massage does NOT rule out another type of massage.

Scientific research on massage therapy for its mechanism of action and duration of functional improvement is limited. Massage appears to benefit some individuals’ flexibility, preparation, and recovery before and after physical activity. There is stronger evidence for pain reduction and delayed onset muscle soreness as well as a decrease in depression, stress, anxiety, and the perception of fatigue along with increased mood, relaxation, and perception of recovery which support an individuals increased physical activity, function, and well-being. Massage therapy treatment for acute and chronic conditions averages 1-3 visits per week for 2-12 weeks.

Massage may be considered a secondary treatment for conditions listed below. Results should be closely monitored for objective improvement.

- **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.
- **Headache.** This pain can be from muscle tension which responds to massage therapy. Similar to stress reduction and trigger avoidance, massage therapy can reduce the frequency of migraines



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and improve sleep.

- **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.
- **Cancer.** Massage never replaces 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.
- **Anxiety & Depression.** Research shows that massage and all forms of therapeutic touch help relieve depression and anxiety in a majority of people.

DECISION GUIDELINES:

Commonwealth Care covers massage therapy. One (1) initial massage therapy visit may be authorized to licensed providers without required documentation in order for provider to perform an objective initial assessment. Prior authorization is required for **all** visits beyond the initial visit. Providers may submit authorization requests for up to 12 visits per request. All requests for authorization beyond the initial visit require documentation demonstrating objective improvement.

NOTE: Effective January 1, 2025, member is limited to 12 massage therapy visits per calendar year.

Clinical Coverage Criteria:

1. CCA may cover massage therapy after initial assessment when the following criteria are met:
 - a. Member has diagnosis of anxiety, depression, chronic pain, post-traumatic stress disorder (PTSD), osteoarthritis, or cancer; and
 - b. Documentation includes all of the following:
 - i. Completed PROMIS-29, Oswestry Disability Index [ODI], pain visual analog scale [VAS] or other quantitative measure of member's level of function and comfort; and
 - ii. Treatment plan which includes measurable, objective and achievable functional goals; and
 - iii. Massage therapy is reasonable and necessary for the treatment of condition to improve the function of member and/or to prevent the worsening of, alleviate, or improve conditions in the member that cause suffering or pain, malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
 - iv. There is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly (e.g. home exercise program, oral medication, application of heat and/or cold, avoidance of triggering activities)
2. CCA may cover up to 12 massage therapy visits for requests beyond initial number of visit(s) authorized when the following criteria are met:
 - a. Documentation includes the following:
 - i. Measurable, objective progress toward functional goals as a direct result of treatment; and



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- ii. Completed functional scale measurement [e.g. PROMIS-29, Visual Analogue Scale (VAS) and the Oswestry Disability Questionnaire (ODQ)] demonstrates measurable, objective, and progress toward functional goals as a direct result of treatment; and
- iii. Massage therapy is reasonable and necessary for the treatment of condition to improve the function of member and/or to prevent the worsening of, alleviate, or improve conditions in the member that cause suffering or pain, malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
- iv. There is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly (e.g. home exercise program, oral medication, application of heat and/or cold, avoidance of triggering activities)

LIMITATIONS/EXCLUSIONS:

CCA does not cover:

- Massage therapy for the treatment of chronic conditions or for maintenance care without documentation of objective and measurable improvement
- Massage therapy for member satisfaction alone
- Massage therapy in asymptomatic members or in members without an identifiable clinical condition
- Massage 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
- Massage for all other indications not listed in Clinical Coverage Criteria

CODING:

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

CPT/HCPCS CODE	CODE DESCRIPTION
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes

RELATED REFERENCES:

1. Commonwealth of Massachusetts Mass Health Provider Manual Series, Administrative and Billing Regulations, 130 CMR 450.204 Accessed March 11, 2024. <https://www.mass.gov/regulations/130->

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CMR-45000-administrative-and-billing-regulations

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Disclaimer

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual® criteria, 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. 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.

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. 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).

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.

REVISION LOG:

REVISION DATE	DESCRIPTION
1/1/25	CCA products updated
12/12/24	Updated: 12 visit benefit limit effective 1/1/25.

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6/13/2024	Effective 1/1/2025, massage therapy is limited to 12 visits per calendar year. Template update, including removal of Key Care Planning Considerations section, update to Overview section. Added Oswestry Disability Index [ODI], pain visual analog scale [VAS] to tools for objective assessment. Coding update. Clarify authorization requirements for number of visits.
05/30/2022	Template changed to include PA requirements and benefit type.



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APPROVALS:

<div>David Mello</div> <hr/> <div>CCA Senior Clinical Lead [Print]</div>	<div>Senior Medical Director Utilization Review and Medical Policy</div> <hr/> <div>Title [Print]</div>
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<div>David Mello</div> <hr/> <div>Signature</div>	<div>6/13/24</div> <hr/> <div>Date</div>
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<div>Nazlim Hagmann</div> <hr/> <div>CCA CMO or Designee [Print]</div>	<div>Chief Medical Officer</div> <hr/> <div>Title [Print]</div>
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