



## Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Massage Therapy		
MNG #: 084	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input type="checkbox"/> MAPD-MA Medicare Preferred <input type="checkbox"/> MAPD-MA Medicare Value <input type="checkbox"/> MAPD-RI Medicare Preferred <input type="checkbox"/> MAPD-RI Medicare Value <input type="checkbox"/> DSNP-RI Medicare Maximum	<b>Prior Authorization Needed?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
<b>Medicare Benefit:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Approval Date:</b> 9/2/2021;	<b>Effective Date:</b> 2/06/2022;
<b>Last Revised Date:</b>	<b>Next Annual Review Date:</b> 9/2/2022;	<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:

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.

### 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:

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

## Medical Necessity Guideline

- 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.

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.



## Medical Necessity Guideline

### 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:

Massage may be authorized using the following codes with only licensed providers: 97124, 97112, 97122, 97140, and 97110 for up to 12 (twelve) visits in one year. Care team/provider may reassess for response and progress before requesting an additional 12 (twelve) visits. The total number of treatments does not normally exceed 36 visits in one year.

### REGULATORY NOTES:

Massage therapy is not covered by Medicare or MassHealth.

### RELATED REFERENCES:

High Opiate Patient Engagement (HOPE) members are patients with chronic pain and a care plan to limit opiate pain therapy to safer lowered doses. HOPE members may benefit from and are eligible for these DST- guided services even when they do not meet all criteria. Clinicians requesting these services or an extension of these services for HOPE members please do the following:



## Medical Necessity Guideline

- 1) Read the SOP's [Approach to Chronic Pain SOP 090](#) & [Pain Management in HOPE \(High Opioid Extreme Users\) SOP 091](#)
- 2) Consider your member's causes of discomfort and functional goals
- 3) Imagine how a different application of this service and/or more of this service may help them achieve higher function
- 4) Write this explanation for your request for central authorization of unusual or additional services beyond what this DST normally recommends
- 5) Document a PROMIS-29 measure of our members' level of function and comfort
- 6) All HOPE variations to this standard DST-driven care need to be reviewed quarterly (every 3 months)
- 7) Quarterly reviews must show member engagement/compliance with HOPE guidelines including both \*\*BH and \*\*Complementary/Alternative therapy
- 8) Quarterly reviews must show increased function and member satisfaction with a new PROMIS-29 evaluation in order to consider a further extension of HOPE-related services
- 9) CCA's goal remains to improve members' safe and successful function without opiate pain medication. When this happens then HOPE-related service extensions may be tapered and discontinued as tolerated

### MedlinePlus:

To provide resources that help answer health questions, MedlinePlus (a service of the National Library of Medicine) brings together authoritative information from the National Institutes of Health as well as other Government agencies and health-related organizations. Web site: [www.medlineplus.gov](http://www.medlineplus.gov)

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



## Medical Necessity Guideline

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

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 randomised clinical trials.

Ernst E.

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

PMID: 19148685

### 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



## Medical Necessity Guideline

### APPROVALS:

Stefan Topolski  
\_\_\_\_\_  
CCA Senior Clinical Lead [Print]

*Stefan Topolski*

\_\_\_\_\_  
Signature

Medical Director  
\_\_\_\_\_  
Title [Print]

9/2/2021

\_\_\_\_\_  
Date

Doug Hsu  
\_\_\_\_\_  
CCA Senior Operational Lead [Print]

*Doug Hsu*

\_\_\_\_\_  
Signature

Vice President, Medical Policy and Utilization  
Review  
\_\_\_\_\_  
Title [Print]

9/2/2021

\_\_\_\_\_  
Date

Lori Tishler  
\_\_\_\_\_  
CCA CMO or Designee [Print]

*Lori Tishler*

\_\_\_\_\_  
Signature

Senior Vice President, Medical Services  
\_\_\_\_\_  
Title [Print]

9/2/2021

\_\_\_\_\_  
Date