

1 **Clinical Practice Guideline:** **Therapeutic Massage Medical Policy/Guideline**

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3 **Date of Implementation:** **October 17, 2013**

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5 **Product:** **Specialty**

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| Related Policies:  |
| CR 1: Credentialing Program  |
| UM 1: Clinical Services Program  |
| UM 2: Medical Necessity Review   |
| UM 8: Medical Necessity Definition   |
| CPG 2: Practice Parameters and Review Criteria   |
| CPG 3: Quality Patient Management  |
| CPG 12: Medical Necessity Decision Assist Guideline for Rehabilitative Care                                  |
| CPG 14: Clinical Guidelines and Criteria.  |
| CPG 110: Medical Record Maintenance and Documentation Practices  |
| CPG 111: Patient Assessments: Medical Necessity Decision Assist Guideline for Evaluations and Re-evaluations |
| CPG 121: Passive Physiotherapy Modalities  |
| CPG 135: Physical Therapy Medical Policy/Guidelines  |
| CPG 157: Lymphedema  |
| Related policies noted in the policy   |

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**OVERVIEW**

25 American Specialty Health (ASH) contracts with licensed/registered/certified massage  
26 therapists depending on state specific board requirements in each jurisdiction.

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28 An important qualification for licensure of massage therapists is graduation from a state  
29 licensed massage therapy education program. Some programs also have accreditation from  
30 the Commission on Massage Therapy Accreditation, or other programmatic or institutional  
31 accreditations recognized by the United States Department of Education. Qualification for  
32 licensure, registration or certification, includes successful completion of the Massage  
33 Board Licensing Exam (MBlex) or a similar state-specific exam. Massage therapists are  
34 expected to engage in continuing education to ensure they are utilizing the most current,  
35 evidence-based therapy approaches and interventions.

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37 ASH also contracts with Physical Therapists who are licensed practitioners able to provide  
38 therapeutic massage. (See *Physical Therapy Medical Policy/Guidelines CPG 135 – S* for  
39 more information.)

1 **GUIDELINES**

2 **Medically Necessary**

3 Therapeutic Massage is considered medically necessary when all of the following criteria  
4 are met:

- 5 1. Provided by licensed practitioner who provides therapeutic massage consistent with  
6 jurisdictional scope
- 7 2. When therapeutic massage is performed for the purpose of any of the following:
  - 8 ○ Restoring muscle function
  - 9 ○ Reducing edema
  - 10 ○ Improving joint motion
  - 11 ○ Relieving muscle spasm
  - 12 ○ Restoring or improving physical function
- 13 3. Individualized to the member's unique needs
- 14 4. Rendered with consideration of benefits and risks to the member
- 15 5. Applied utilizing the type, time frame, frequency and duration consistent with  
16 therapeutic goals

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18 **Not Medically Necessary**

- 19 1. Duplicative of other modalities/services received
- 20 2. Provided exclusively for the convenience of the member
- 21 3. For conditions related to general wellness (e.g., stress management, sports  
22 performance enhancement)
- 23 4. Provided as maintenance care

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25 **DESCRIPTION**

26 Licensed practitioners who provide therapeutic massage assess pain, manage movement  
27 dysfunction, and enhance physical and functional abilities for health conditions related  
28 primarily to impairments of the musculoskeletal system. Assessment involves a therapeutic  
29 massage description of symptoms, not a medical diagnosis. Therapeutic massage is limited  
30 to the care and services provided by a licensed practitioner whose scope of practice includes  
31 soft tissue manipulation. From a healthcare perspective, Fritz (2008) states medical/clinical  
32 massage "is an outcome-based treatment specifically targeted to address conditions that  
33 have been diagnosed by an appropriate healthcare professional." State regulation and  
34 benefit policy may allow for direct access without the need for a diagnosis. In this situation,  
35 the practitioner provides a description of symptoms and assessment while screening for  
36 indications and contraindications. As such, access to therapeutic massage services is a  
37 desirable physical medicine option for health care consumers in order to relieve pain,  
38 improve function, and enhance quality of life. Therapeutic massage services may reduce  
39 disability and clinical cost by reducing the need for services of greater expense, greater  
40 risk, or both to the patient. Licensed practitioners provide services to patients who have  
41 impairments, functional limitations, disabilities, or changes in physical function and health  
42 status resulting from injury, disease, or other causes.

## 1 BACKGROUND

2 Practitioners perform the patient management elements of symptoms description,  
3 assessment and therapy planning. Therapeutic massage assessment may include the  
4 following:

- 5 • Pertinent health history
- 6 • Visual assessment of gait
- 7 • Integumentary integrity
- 8 • Pain levels
- 9 • Posture
- 10 • Gross range of motion
- 11 • Palpation
- 12 • Ability to perform related self-care and activities of daily living

13  
14 Therapeutic massage interventions are provided by or under the direction and supervision  
15 of licensed healthcare practitioners in accordance with applicable state laws. A *therapeutic*  
16 *massage intervention* is the purposeful interaction of the practitioner with the patient, and,  
17 when appropriate, with other individuals involved in patient care, using various therapeutic  
18 massage techniques to produce changes in the condition that are consistent with the  
19 diagnosis (if provided by clinician with diagnostic authority) and symptom description.  
20 Therapeutic massage services include massage technique interventions (subject to state  
21 scope and appropriate training), communication with other health care team members,  
22 patients and family/caregivers and appropriate documentation of services provided.

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24 Licensed practitioners who are contracted with ASH to provide therapeutic massage are  
25 expected to provide evidence-based services to decrease disability, improve function and  
26 independence, improve quality of life, and promote the attainment and maintenance of  
27 health in all patient populations. Practitioners may identify general health risk factors and  
28 behaviors that may impede optimal functioning and refer patients to their appropriate  
29 health care providers for further evaluation as part of continuity of care plan. The frequency  
30 and duration of treatment depends on a number of factors including: 1) patient response to  
31 treatment (influenced by age, nature and severity of injury, and previous history); 2) patient  
32 compliance with a self-management program; 3) the occurrence of any exacerbations  
33 during the course of treatment; and 4) the presence of pre-existing or complicating factors  
34 (e.g., underlying disease, yellow flags).

35  
36 Practitioners who provide therapeutic massage may engage in consultation, education, and  
37 research. Educating patients is an important aspect of therapeutic massage services,  
38 especially regarding treatment goals, expectations regarding response to care, and self-care  
39 recommendations.

## 1 MODALITIES AND PROCEDURES

2 The American Medical Association (AMA) Current Procedural Terminology (CPT)  
3 manual defines a modality as "any physical agent applied to produce therapeutic changes  
4 to biologic tissue; includes but is not limited to thermal, acoustic, light, mechanical, or  
5 electric energy" (AMA, 2017). Modalities available to be provided by licensed massage  
6 therapists are defined or limited by state scope of practice laws.

7  
8 Therapeutic massage and soft tissue mobilization are the primary forms of passive care  
9 performed by licensed practitioners who provide therapeutic massage and are defined as  
10 follows.

### 11 12 Massage Therapy

13 Therapeutic massage involves manual techniques that include applying fixed or movable  
14 pressure, holding and/or causing movement of or to the body, using primarily the hands.  
15 These techniques affect the musculoskeletal, circulatory-lymphatic, nervous, and other  
16 systems of the body with the intent of improving the patient's health. The most widely used  
17 forms of basic therapeutic massage include Swedish massage, deep-tissue massage, sports  
18 massage, neuromuscular massage, and manual lymph drainage. Therapeutic massage may  
19 be considered medically necessary in combination with another therapeutic procedure or  
20 activity on the same day, when prescribed or performed by another healthcare practitioner  
21 if the therapy meets the medical necessity criteria listed above.

### 22 23 Soft Tissue Mobilization

24 Soft tissue mobilization techniques are more specific in nature and include, but are not  
25 limited to myofascial release techniques, friction massage, and trigger point techniques.  
26 Specifically, myofascial release is a soft tissue manual technique that involves  
27 manipulation or mobilization of the muscles, fascia, and skin. Skilled manual techniques  
28 (active and/or passive) are applied to soft tissue to effect changes in the soft tissues,  
29 articular structures, neural or vascular systems. Examples are facilitation of fluid exchange,  
30 restoration of movement in acutely edematous muscles, or stretching of shortened  
31 connective tissue. This procedure is considered medically necessary for treatment of  
32 restricted motion of soft tissues in involved extremities, neck, and trunk.

33  
34 Passive modalities are most effective during the acute phase of treatment, since they are  
35 typically directed at reducing pain, inflammation, and swelling. They may also be utilized  
36 during the acute phase of the exacerbation of a chronic condition. Passive modalities are  
37 rarely beneficial alone and are most effective when performed as part of a more  
38 comprehensive treatment approach. Some improvement should be seen within two weeks.  
39 After one or two weeks, the clinical effectiveness of passive modalities begins to decline  
40 significantly. The need for passive modalities beyond two weeks should be objectively  
41 documented in the clinical record. For more information, see the *Passive Physiotherapy*  
42 *Modalities (CPG 121 – S)* clinical practice guideline.

1 Where applicable, some therapeutic massage scope of practice laws may allow the licensed  
 2 massage therapist to perform other various modalities and procedures. These should only  
 3 be performed by licensed massage therapists who have the knowledge, training, and  
 4 expertise to perform such modalities and procedures, and within the licensed massage  
 5 therapist's scope of practice.

## 7 **DOCUMENTATION GUIDELINES**

### 8 **Initial Assessment**

9 The practitioner performs an initial assessment to establish a therapeutic massage plan of  
 10 care prior to any intervention.

11 The assessment:

- 12 • Is documented contemporaneously, dated, and signed by the practitioner
- 13 • Incorporates appropriate assessment findings to facilitate outcome measurement
- 14 • Produces data that are sufficient to allow assessment, symptoms description, and  
 15 the establishment of a plan of care
- 16 • Is sufficient to determine the medical necessity of treatment, including:
  - 17 ○ Description of symptoms
  - 18 ○ Date of onset or exacerbation
  - 19 ○ Evaluation findings
  - 20 ○ Therapeutic massage assessment and care plan consistent with current  
 21 therapeutic massage practice and updated based on the patient's progress
  - 22 ○ Recommendations and/or referral for exercise and/or self-care
  - 23 ○ Interdisciplinary referrals for health care issues outside of therapeutic massage  
 24 practitioner's scope or benefit coverage
  - 25 ○ Documented measurable objective improvement/response to care
  - 26 ○ Estimate of release from care

### 28 **Re-assessment**

29 The practitioner re-assesses the patient as necessary during an episode of care to monitor  
 30 progress or change in patient status and modifies the plan of care accordingly including  
 31 discontinuation of therapeutic massage services if indicated.

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 33 The re-assessment:

- 34 • Is documented contemporaneously, dated, and signed by the practitioner
- 35 • Documented measurable objective improvement/response to care
- 36 • Includes modifications to the plan of care, as appropriate

37  
 38 In general, if no improvement is documented after two weeks of therapy, modifications of  
 39 the therapy plan should be attempted. If no significant improvement is documented after a  
 40 total of four weeks of therapy, referral back to the patient's health care practitioner should  
 41 be considered. Any worsening of symptoms may prompt a reassessment and consideration  
 42 of modification of the care plan and/or referral.

## 1 **Discharge/Discontinuation of Intervention**

2 The practitioner discharges the patient from therapeutic massage services when massage  
3 care is contraindicated, the anticipated goals or expected outcomes for the patient have  
4 been achieved, or the patient is not progressing toward goals or significantly benefiting  
5 from therapeutic massage.

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7 The therapeutic massage discharge documentation includes:

- 8 • Documentation contemporaneously dated and signed by the practitioner
- 9 • Status of the patient at discharge and outcomes attained (e.g., initial, subsequent,  
10 and final outcome measure scores)
- 11 • Rationale for discontinuation of therapeutic massage
- 12 • Proposed self-care recommendations, if applicable
- 13 • Referrals to other health care practitioners/referring physicians, as appropriate.

## 14 15 **Patient Reported Outcome Measures (PROMs)**

16 Measuring outcomes is an important component of the practices of licensed practitioners  
17 who provide therapeutic massage. The most common PROM used by licensed massage  
18 therapists is the Numeric Pain Rating Scale. Other PROMs are available to the licensed  
19 massage therapist that are specific for anatomical area, health condition or functional  
20 component (e.g., Neck Disability Index, Oswestry Low Back Disability Index, Disability  
21 of Arm, Shoulder, and Hand - DASH). PROMs are important in direct management of  
22 individual patient care and for the opportunity they provide the profession in collectively  
23 comparing care and determining effectiveness.

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