



Kaiser Foundation Health Plan of Washington

Clinical Review Criteria Massage Therapy

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Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None

Medicare covers massage when delivered by a physical therapist as part of the rehabilitation plan of care. It is not covered when delivered by a massage therapist who is not licensed as a physical therapist.

For Non-Medicare Members

- A. Massage therapy is indicated when **ALL of the following** are met:
1. An assessment and diagnosis documents objective physical and functional limitations.
 2. It will have physical therapeutic benefits.
 3. It has been ordered by the treating physician.
 4. The condition or the level of function can be expected to improve significantly within a reasonable and generally predictable period of time with massage treatment.

OR

- B. The patient is terminally ill, and the therapy is needed for comfort.

Massage therapy is not covered when:

1. It is provided for prevention, recreation (spa therapy) or stress reduction.
2. It is directed at the maintenance of current level of functioning.
3. The patient has achieved therapeutic goals or is not showing meaningful progress.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

This service is covered when it is described as a benefit in the consumer's coverage contract and the consumer receives a health plan referral. Special work groups that have included licensed massage therapists identified the clinical conditions and screening criteria in order to determine clinical appropriateness for the service.

Low back pain (LBP) is a major health problem in the modern society. More than two thirds of the population will experience low back pain at some time in their lives. LBP is usually benign and self-limiting; almost 90% of all patients with acute low back pain will get better quickly regardless of therapy. The remaining 10% may develop chronic back pain and disability.

LBP is associated with a complex dysfunction and impaired endurance of the paraspinal muscles. Different therapies including exercise and spinal manipulation are often recommended, yet their clinical effectiveness has not been documented. Research on the effectiveness of these therapies has yielded inconsistent results.

The use of massage therapy for back pain has a long history. Massage therapy may have the potential to increase the blood flow in the muscles, enhance muscle tone, reduce muscle fatigability, and improve muscle endurance. It may relax the mind and increase the pain threshold. Massage is considered a safe treatment with no risk or adverse effects. It is, however, contraindicated when several other conditions are present, including acute inflammations, skin infections, unhealed fractures, and burns.

Massage is rubbing or kneading part of the body usually with the hands to stimulate circulation and make the muscles or joints suppler. It is also defined as soft tissue manipulation using the hands or a mechanical device. Massage can be applied to the lumbar region only or to the whole body. It is usually used as an adjunct therapy for other physical treatments; however, many massage therapists use it as the only intervention. Examples of soft tissue massage are Shiatsu, Rolfing, Swedish massage, reflexology, myofascial release, craniosacral therapy, and Bindege webs massage. Massage therapy is applied through various techniques including friction, kneading, hacking, petrissage, neuromuscular, trigger, and pressure points.

Massage therapists are licensed by the state of Washington. Licensure requires a minimum of 500 hours of training at an accredited school of massage therapy.

Medical Technology Assessment Committee (MTAC)

Massage Therapy in the Treatment of Chronic Neck and Back Pain

11/2001: MTAC REVIEW

Evidence Conclusion: Two of the studies reviewed show that massage is an effective therapy for non-specific subacute and chronic low back pain (Cherkin, Preyde). Cherkin's study did not compare massage to a placebo or no treatment. Preyde's study, which compared massage to sham treatment, had a short follow-up duration. On the other hand, Pope et al found no significant difference between massage, spinal manipulation, corset, and transcutaneous muscle stimulation (TMS). Various confounding factors may affect the outcome of massage therapy including the type of massage given, number and duration of treatment sessions, experience of the therapists, size of massage area, amount of pressure, as well as the type of injury or problem, chronicity, level of stress, and other aggravating factors. Many of the studies reviewed did not address or adjust for these variables. Further research is needed to study the patients' variables and to help ascertain which type of low back pain will respond best to massage therapy. Studies with a longer-term follow-up are also needed to determine the elements and techniques of massage therapy that will give the most benefit. Use of a control group with a placebo or no treatment would also strengthen the validity of the results.

Articles: The search yielded 32 articles. There were two systematic reviews, with no statistical pooling or meta-analysis due to the heterogeneity of the studies. There were eight randomized, controlled trials. Massage was the main therapy under investigation in only two of the RCTs revealed by the search. *The studies selected for critical appraisal were:* Cherkin, D., Eisenberg, D., et al. Randomized trial comparing traditional Chinese medical acupuncture, therapeutic massage, and self-care education for chronic low back pain. Arch Intern Med 2001; 161: 1081-1088 See [Evidence Table](#). Preyde, M., Effectiveness of massage therapy for subacute low-back pain: a randomized controlled trial. CMAJ 2000; 162: 1815-20 See [Evidence Table](#). Pope, M.H., et al. A prospective randomized three-week trial of spinal manipulation, transcutaneous muscle stimulation, massage, and corset in the treatment of subacute low back pain. Spine 1994; 22: 2571-2577 See [Evidence Table](#).

The use of massage therapy in the treatment of chronic neck and back pain meets the *Kaiser Permanente Medical Technology Assessment Criteria*.

Applicable Codes

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT® or HCPC Codes	Description
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
with type of service massage	

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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11/20/2002	10/5/2010 ^{MDCRPC} , 08/02/2011 ^{MDCRPC} , 06/05/2012 ^{MDCRPC} , 04/02/2013 ^{MDCRPC} , 02/04/2014 ^{MPC} , 12/02/2014 ^{MPC} , 10/06/2015 ^{MPC} , 08/02/2016 ^{MPC} , 06/06/2017 ^{MPC} , 04/03/2018 ^{MPC} , 03/05/2019 ^{MPC} , 03/03/2020 ^{MPC} , 03/02/2021 ^{MPC} , 03/01/2022 ^{MPC} , 03/07/2023 ^{MPC} , 11/05/2024 ^{MPC}	06/21/2007

^{MDCRPC} Medical Director Clinical Review and Policy Committee

^{MPC} Medical Policy Committee

Revision History	Description