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Northwest Utilization Review

UR 47 Massage (Soft Tissue/Myofascial Manipulation) Medical Necessity Criteria

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MEDICAL NECESSITY CRITERIA FOR MASSAGE (SOFT TISSUE/MYOFASCIAL MANIPULATION) THERAPY

Medical necessity criteria are applied only after member eligibility and benefit coverage is determined. Questions concerning member eligibility and benefit coverage need to be directed to Membership Services.

PURPOSE

The purpose of these criteria and policy is to describe the policy and process requirements for massage (soft tissue/myofascial manipulation) and the medical necessity criteria for its coverage as a benefit.

DEFINITIONS

Maintenance Treatment/Therapy: Treatment once the functional status has remained stable for a given condition, without expectation of additional functional improvement; any treatment program designed to maintain optimal health in the absence of symptoms or in chronic conditions without exacerbation of symptoms.

POLICY AND CRITERIA

Coverage guidance: Massage may be excluded from coverage. Check CM for exclusions or limitations.

Source	Policy
For Medicare Members	
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article	None
Kaiser Permanente Medical Policy for Medicare Members	UR 47 applies due to the absence of an NCD or LCD.
For Medicaid Members	
OR Medicaid	UR 47 does not apply. Check linefinder.
WA Medicaid	UR 47 does not apply. See WAC 182-501-0070
Commercial and Self-Funded Members	
OR Commercial	UR 47 applies. Self-referrals for therapeutic massage are only covered if the group has purchased coverage via a rider.
WA Commercial	UR 47 applies. Self-referrals for therapeutic massage are only covered if the group has purchased coverage via a rider. See ***WA SB 5887** below re: authorizing massage services.
Self-funded plans	UR 47 applies

Washington Senate Bill 5887 states that health carriers cannot require utilization management or review, including prior, concurrent, or postservice authorization, for an initial evaluation and management visit and up to six treatment visits in a new episode of care. This applies to services such as chiropractic, physical therapy, occupational therapy, acupuncture and Eastern medicine, massage therapy, and speech and hearing therapies.

POLICY

When a member's contract covers massage as a benefit, soft tissue/myofascial manipulation may be applied as part of an integrated physical therapy plan of care for the treatment of musculoskeletal neck and back conditions. The physical therapist will perform an evaluation, and designate treatment interventions based on their objective findings. Soft tissue/myofascial manipulation will be included only if determined to be clinically indicated. When included in the plan, soft tissue/myofascial manipulation will be of short duration, and specific to the region being treated.

CRITERIA

A. Appropriate standard medical treatment without significant improvements, will have been attempted.

B. Documentation of previous treatment and functional impairment, including relevant history, physical findings, and evaluation must be documented for determination of appropriateness and/or as part of work-up.

C. Significant, sustainable and measurable improvement must be evident after the initial trial of Physical Therapy treatments. If objective improvements are evident through documentation, additional Physical Therapy treatments may be clinically indicated. Services are not provided for on-going chronic or maintenance therapy.

D. Soft tissue/myofascial manipulation must be specific to the area involved and will not be applied for stress relief, palliative or maintenance treatment.

CONTRAINDICATIONS

Acutely inflamed joints, phlebitis (inflammation of vein(s)) or lymphangitis (inflammation of lymph vessel(s)) because of danger of embolism (obstruction of blood vessel), burns, acute dermatitis, local malignancy, osteomyelitis (inflammation of bone), local infection, advanced arteriosclerosis (hardening of arteries), advanced nephritis (inflammation of kidney(s)), and increased pain, swelling or stiffness in a joint persisting for more than two hours following the soft tissue/myofascial manipulation.

RATIONALE

EVIDENCE BASIS

A 2020 Agency for Healthcare Research and Quality (AHRQ) systematic review of noninvasive nonpharmacological treatment for chronic pain reports that massage improved function and/or pain for at least 1 month when used for chronic low back pain, neck pain, and fibromyalgia.[1] This review notes that effects across included studies were mostly small and that there was a paucity of long term evidence. [1] Additionally, no evidence suggested serious harms from massage, but data on harms was limited in the included studies.[1] A 2023 update to the Evidence Map of Massage Therapy produced by the VA Evidence-based Synthesis Program reports that 6 reviews published since 2018 show a potential benefit for massage therapy in patients with back pain, fibromyalgia, myofascial pain, and breast cancer-related pain with moderate certainty of evidence, whereas previously published reviews included conclusions of low and very low certainty of evidence, suggesting that conclusions of benefit of massage therapy have a stronger evidence base now than in 2018.[2]

Low Back Pain

A 2015 Cochrane systematic review of the effects of message therapy for people with low-back pain (primarily chronic or sub-acute low back pain) (k=25) reports improvements in pain outcomes and functional outcomes in the short term among those who received massage therapy compared to inactive control.[3] However, the quality of the underlying evidence in this review was judged to be “low” or “very low”, limiting confidence in the true effect of massage therapy for low-back pain.[3]

Neck Pain

A 2024 Cochrane systematic review of the effects of massage on chronic, persisting neck pain (k=33) reports that massage probably results in little to no difference in pain, function, patient-reported treatment success, health-related quality of life, patient satisfaction, and minor and serious adverse effects compared to with a ‘dummy’ massage treatment.[4] The reviewers note a high risk of bias in the majority of included studies, which weakens their confidence in the reported results.[4]

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