

## VHA Office of Integrated Veteran Care

### Clinical Determination and Indication

### Medical Massage Therapy

**CDI Number: 00036**

**Original Effective Date: June 1, 2025**

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#### I. Disclaimer

This document is currently in draft and is intended to be used as a reference for non-VA providers and not intended to replace clinical judgment when determining care pathways. These guidelines do not guarantee benefits or constitute medical advice.

#### II. Clinical Determinations and Indications

##### a. Indications

##### i. Indications for Medical Massage Therapy for Pain Conditions

Medical massage therapy (MMT) is considered **medically necessary** for **ANY** of the following pain conditions when there is reasonable expectation of benefit from medical massage therapy:

- An established diagnosis of at least **ONE** of the following pain conditions:
  - Back pain
  - Cancer pain
  - Fibromyalgia
  - Headaches
  - Joint pain
  - Plantar fasciitis
  - Post-operative pain
  - Pregnancy-related pain
  - Myofascial pain
  - Neck pain
  - Temporomandibular disorder

**Note:** It is recommended for the referring clinician to set expectations of benefits and therapeutic goals when treatment planning with inclusion of medical massage therapy and provide appropriate documentation of therapeutic goals to support and justify the medical necessity of medical massage therapy.

## ii. Indications for Medical Massage Therapy for Non-Pain Conditions

Medical massage therapy is considered **medically necessary** for **ANY** of the following non-pain conditions when there is reasonable expectation of benefit from medical massage therapy:

- Lymphedema
- Scar tissue

**Note:** It is recommended for the referring clinician to set expectations of benefits and therapeutic goals when treatment planning with inclusion of medical massage therapy and provide appropriate documentation of therapeutic goals to support and justify the medical necessity of medical massage therapy.

## iii. Indications for Medical Massage Therapy for Complex Conditions

The determination of a complex condition will be made by a qualified health care professional and includes at least **ONE** of the following criteria:

- More than one anatomic area is to be treated
- The presence of at least one of the following:
  - Complicated injury, multiple injuries, medical condition with severe physical disability
- Presence of a co-morbidity or other factors that may complicate treatment with medical massage therapy
  - For example, neurologic conditions, vascular disease
- Treatment area(s) require more caution and additional time is required to position patient and/or accommodation for a potential relative contraindication or physical conditions (e.g., bilateral amputee, high leg amputation)
- Advanced age of 65 or older
- Enrolled in hospice or palliative care

**Note:** Medical massage therapy is indicated to promote, preserve, and/or restore the health of the Veteran in accordance with the treatment plan. General massage for well-being is not considered medical massage therapy.

## iv. Indications for Continuation of Medical Massage Therapy

Continuation of medical massage therapy will be considered **medically necessary** when the treating practitioner and/or referring clinician completes **ALL** of the following criteria:

- Confirm the diagnosed condition to be treated

- Document assessment of the initial referred condition
- Document that medical massage therapy has resulted in a clinically significant response, additional care meets criteria in section II.a. for the initial referred condition, and attainable goals are specified for continuation of care
  - Initial therapeutic goals have been at least partially met based on patient evaluation and direct assessment of the patient's response to treatment
  - A clinically significant response may include, but is not limited, to the following:
    - Durable improvement in condition being treated
    - Durable functional improvement demonstrated by the following:
      - Clinically meaningful improvement on validated disease-specific outcomes instruments
      - Return to work
      - Documented improvement in activities of daily living
    - Documented decreased utilization of medications and/or decreased need for other interventions for the condition being treated
- Set individualized therapeutic goals including appropriate self-management for an additional series of medical massage therapy
- Document clinical appropriateness to continue care to meet the next set of defined therapeutic goals
- Document plan for follow-up assessment of medical massage therapy treatment outcomes

**Note:** Medical necessity for continuation of medical massage therapy will be evaluated based on a thorough assessment of the Veteran's response to prior care, with documented benefits toward treatment goals. Careful patient selection is essential to identify those who would benefit from continued medical massage therapy. Not all Veterans will require continuation of medical massage therapy as part of their comprehensive treatment plan.

#### b. Limitations/Exclusions

Continuation of medical massage therapy is **not indicated** if any of the following are applicable:

- Indications and criteria in section II.a.iv. are not met
- There is no expectation of further progress toward goals

- Veteran is able to maintain achieved progress toward goals without additional therapy
- Veteran request alone without provider's expectation of medical benefit

For all indications not listed in section II.a. of this document, medical massage therapy is considered **not medically necessary** due to insufficient evidence of efficacy and safety.

### c. **Description of Treatment**

Medical massage therapy is indicated to promote, preserve, and/or restore the health of the Veteran in accordance with the treatment plan. Medical massage therapy is typically performed by professionals trained in massage therapy, e.g., massage therapists. Other professionals who have scope of practice and may have had appropriate skilled training to perform hands-on therapeutic soft-tissue manipulation include, but are not limited to, physicians, dentists, chiropractors, acupuncturists, nurses, physical therapists, occupational therapists, and other advanced practice clinicians.

Medical massage therapy is the skillful assessment and manipulation of the soft tissues of the human body for therapeutic purposes. Providers of massage therapy assess patients, develop evidence-based, individualized medical massage therapy treatment plans, and participate as members of interdisciplinary health care teams. They use their hands, arms, knees, and feet to perform soft tissue manipulation. Providers of massage therapy incorporate active and passive range of motion exercise. They also utilize devices and tools to mimic or enhance manual therapy; incorporate adjunctive modalities; educate patients in health promotion, disease prevention, and holistic self-care methods; and facilitate mind-body awareness to achieve healing. General massage for well-being is not considered medical massage therapy.

## III. **Background and Supporting Information**

The following information is for reference purposes only in accordance with the medical benefits package outlined in 38 C.F.R. § 17.38 (b). Each subsection supports VA's determinations for medical necessity and alignment with generally accepted standards of medical practice.

### a. **Background Information**

Medical massage therapy has a long history spanning various cultures and civilizations, with evidence of its use dating back thousands of years. As a pain management technique, medical massage therapy is often utilized to alleviate both acute and chronic pain conditions. Studies have found massage helps reduce muscle tension, improve circulation, speed recovery from

musculoskeletal injury, improve joint range of motion, alleviate pain, promote relaxation, stimulate the release of endorphins, benefit mood, and enhance sleep. Throughout history massage therapy has been integrated into medical practices as a non-pharmacologic approach to treating pain, and its benefits continue to be studied and recognized in modern healthcare settings. Medical massage therapy encompasses many different techniques, and the specific type of medical massage therapy used depends on a patient's individual needs and physical conditions.

**b. Research, Clinical Trials, and Evidence Summaries**

Medical massage therapy is an evidence-based, complementary, and integrative health approach. Research findings indicate the potential benefit of medical massage therapy and minimal risks when it is administered appropriately by a qualified professional.

The Evidence Synthesis Program (ESP), located at the VA Greater Los Angeles Healthcare System, conducted a systematic review to update the *Massage for Pain: An Evidence Map* that evaluated the efficacy and effectiveness of massage therapy for pain in adults which was originally published in 2016. The team searched five databases for relevant published studies from July 2018 to April 2023. Eligible publications were systematic reviews of studies that evaluated the efficacy or effectiveness of therapist-delivered massage therapy for pain in adults. Pain conditions included were back pain (i.e., chronic back pain, chronic low back pain, and low back pain), cancer-related pain, chronic neck pain, fibromyalgia, mechanical neck pain, myofascial pain, palliative care needs, post-breast cancer surgery, post-caesarean pain, post-partum pain, and post-operative pain. The update included review of 15 published studies and compared massage therapy to either a sham/placebo massage, usual care, or active therapy such as exercise and/or physical therapy. Massage therapy was defined as acupressure, Tuina, Thai, Swedish, and myofascial release provided by a therapist. Studies excluded from the review included the delivery of sports massage, osteopathy, breast cancer pain cupping/dry needling, and internal massage therapy. Authors concluded there is potential benefit of massage therapy for pain with moderate certainty of evidence since July 2018.

Smile et al. (2018) conducted a review of literature to identify risk-stratified treatment options for breast cancer related lymphedema (BCRL). Forty-five studies were used to review noninvasive strategies of compression therapy, manual lymphatic drainage, complex decongestive therapy (CDT), invasive modalities of liposuction, and lymphatic bypass/lymph node transfer (LNT). Results showed that CDT is associated with volume reduction in the affected limb and improved quality of life, specifically in patients with early stage BCRL. Lymphatic bypass and LNT are associated with symptomatic and

physiologic improvements in patients with more advanced BCRL. The authors concluded that CDT is an effective treatment modality for early stage BCRL and LNT is an effective treatment modality for advanced BCRL.

Lin et al. (2023) conducted a systematic review and meta-analysis of randomized controlled trials to evaluate the physical and psychological effects of scar massage on burn patients. The analysis included seven studies (420 participants). Scar massage sessions provided lasted 5-30 minutes and were delivered by a provider of massage therapy 1-3 times a week for 12 weeks. Results showed scar massage decreased pain levels, improved scar thickness, and reduced pruritus and anxiety. The authors concluded providing scar massage is feasible and effective for burn patients.

### c. Medicare Coverage Determinations

Currently there are no available Medicare coverage determinations for medical massage therapy. VA and Medicare are governed by separate laws and regulations; thus, VA coverage determinations may be different.

### d. Health Care Procedural Coding Information

The following CPT<sup>®</sup>/HCPCS codes listed in this section are provided for informational purposes only. Inclusion or exclusion of a code does not constitute or imply VA coverage or provider reimbursement. The list of codes may not be all-inclusive since the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS) code updates may occur more frequently than CDI updates. Please refer to section II.a. in this document to review indications and clinical criteria for medical necessity.

The following CPT codes are considered **medically necessary/covered** if the indications and clinical criteria outlined in section II.a. are met. Additional codes may also apply.

CPT Code	Description
97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage (stroking), petrissage (kneading), friction, compression, vibration, and/or tapotement (percussion)
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

CPT Code	Description
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
97032	Electrical stimulation (manual)
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients

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#### IV. Definitions

Term	Definition
Adjunctive Treatment	Used together with a primary treatment
Complementary and Integrative Health	A healthcare approach that has not typically been part of a conventional medicine healthcare system. Integrative medicine combines evidence-based conventional medicine with evidence-based complementary services and approaches
Complex Decongestive Therapy	A noninvasive treatment for lymphedema that includes manual lymphatic drainage, compression, exercise, and skin care
Fascia	Sheets of connective tissue that are found below the skin. These tissues attach, stabilize, impart strength, maintain vessel patency, separate muscles, and enclose different organs

Term	Definition
Integrative Medicine/Health	A healing-oriented medicine that takes account of the whole person (body, mind, and spirit), including all aspects of lifestyle. It emphasizes the therapeutic relationship and makes use of all appropriate therapies, both conventional and complementary
Lymph Node Transfer	Healthy vascularized lymph nodes (lymph nodes that have a rich blood supply) are micro surgically transplanted to an area of lymphatic injury to reestablish lymphatic connections
Lymphatic Bypass	A surgical procedure to connect blocked lymphatic vessels to a nearby vein to allow excess lymph fluid to flow freely
Lymphedema	Tissue swelling caused by an accumulation of protein-rich fluid that's usually drained through the body's lymphatic system
Medical Necessity	Services that are provided for the diagnosis, treatment, cure, or relief of a health condition, illness, injury, or disease
Myofascial Pain Syndrome	A condition characterized by soft-tissue changes, including the presence of discrete areas in muscle (i.e., trigger points) that when pressed cause predictable referred pain patterns
Numeric Pain Rating Scale	A screening tool used to assess pain severity at a moment in time using a 0–10 scale, with zero meaning “no pain” and 10 meaning “the worst pain imaginable”, often administered verbally
Osteopathy	A branch of medical practice that emphasizes the treatment of medical disorders through the manipulation of the musculoskeletal system
Pruritus	A medical term that means itching
Visual Analogue Pain Scale (VAS)	A screening tool used to assess pain severity at a moment in time via a 10cm line as a scale on paper, ranging from “no pain” to “worst pain”. The patient indicates their current pain intensity on the line. The mark is then measured on the line and converted to a number from 0-10 (0 = no pain, 10 = worst pain)

## V. References

Lin, T. R., Chou, F. H., Wang, H. H., & Wang, R. H. (2023). Effects of scar massage on burn scars: A systematic review and meta-analysis. *Journal of clinical nursing*, 32(13-14), 3144–3154. <https://doi.org/10.1111/jocn.16420>

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Smile, T. D., Tendulkar, R., Schwarz, G., Arthur, D., Grobmyer, S., Valente, S., Vicini, F., & Shah, C. (2018). A Review of Treatment for Breast Cancer-Related Lymphedema: Paradigms for Clinical Practice. American journal of clinical oncology, 41(2), 178–190. <https://doi.org/10.1097/COC.0000000000000355>

**VI. CDI History/Revision Information**

Review Date	Summary of Update(s)
MM/DD/YYYY	•