



CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all health benefit plans administered by CIGNA Companies including plans formerly administered by Great-West Healthcare, which is now a part of CIGNA.

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Subject Massage Therapy

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Hyperlink to Related Coverage Policies

- Chiropractic Care
- Complementary and Alternative Medicine
- Complex Lymphedema Therapy (Complete Decongestive Therapy)
- Dry Hydrotherapy
- Occupational Therapy
- Physical Therapy

INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2011 CIGNA

Coverage Policy

Massage therapy is specifically excluded under some benefit plans. If covered, massage therapy is generally subject to the terms, conditions and limitations of the Short-Term Rehabilitation Therapy or Chiropractic Care Services benefits as described in the applicable plan's schedule of copayments. Many benefit plans include a maximum allowable benefit for duration of treatment or number of visits. Please refer to the applicable benefit plan document to determine benefit availability and the terms and conditions of coverage.

If massage therapy is not specifically excluded from coverage in the benefit plan, the following condition of coverage applies.

CIGNA covers massage therapy when provided as one component of a medically necessary and covered comprehensive physical therapy or chiropractic treatment plan.

CIGNA does not cover massage therapy when it is provided in the absence of other therapeutic modalities because it is considered not medically necessary.

Note: Massage therapy may be provided by several types of providers. To qualify for coverage, the provider must meet the definition of provider contained in the benefit plan. Please refer to the applicable plan language to determine benefit coverage for the rendering provider.

General Background

Massage therapy is a therapeutic procedure used in the field of physical medicine and rehabilitation. It is also referred to as therapeutic massage. This treatment is the manipulation of soft tissue using the hands or a mechanical device. There are a number of variables related to this procedure that may impact the effectiveness of the treatment. These include the types of maneuvers used, the therapist rendering the care, the patient position, amount of pressure exerted and the frequency and duration of the treatments. Some of the movement techniques of massage therapy include:

- effleurage (i.e., stroking or gliding)
- petrissage (i.e., kneading or compression)
- tapotement (i.e., striking or percussion)
- vibration (i.e., shaking)

Massage therapy is one of the passive modalities used by physical therapists and occupational therapists, usually in combination with other modalities. It may also be utilized by chiropractors in conjunction with manipulation. Massage that is applied to acupuncture points is known as acupressure. Passive modalities/procedures are most effective during the acute phase of treatment, since they are typically directed at reducing pain and swelling. They may also be utilized during the acute phase of the exacerbation of a chronic condition. The intended goal of massage therapy includes the relief of musculoskeletal pain and improving function. Massage is noted to be a generally safe therapeutic treatment, with low risk for adverse effects. Contraindications may include treating an area over inflammation, skin infection or deep vein thrombosis (Furlan, et al., 2005).

Literature Review

Few clinical trials have been undertaken to assess the effect of this modality when performed alone in the treatment of specific medical conditions. Rehabilitation programs will frequently combine massage therapy with one or more other treatment interventions, which makes it difficult to draw conclusions regarding the efficacy of this treatment when used as the sole modality. Massage therapy has been a mainstay of physiotherapy management for musculoskeletal pain. However, there has been little rigorous research into the effects of massage, and its clinical benefits remain unsubstantiated in the literature (Herbert, et al., 2001).

Several Cochrane reviews have been published that examine massage therapy. In 2008, Furlan et al. updated a prior Cochrane review that assessed the effects of massage therapy for non-specific low back pain (Furlan, et al., 2002). The review included 13 randomized studies. In two studies, massage therapy was compared to an inert therapy and in eight studies massage was compared to other active treatments. These studies demonstrated that massage was similar to exercises, and massage was superior to joint mobilization, relaxation therapy, physical therapy, acupuncture, and self-care education. The beneficial effects of massage in patients with chronic low-back-pain lasted at least one year after the end of treatment. Two studies compared two different techniques of massage. The authors concluded that massage may be beneficial for patients with subacute and chronic non-specific back pain, in particular when combined with exercises and education. The authors noted that additional studies are needed to confirm these conclusions.

Haraldsson et al. (2006) conducted a Cochrane review of 19 trials to assess the effects of massage on pain, function, patient satisfaction and cost of care in adults with neck pain. Overall, the methodological quality was noted to be low, with 12 of the 19 trials judged to be low-quality studies. The trials could not be statistically pooled due to the heterogeneity of the treatment and control groups. It was also noted that the participant characteristics, descriptions of massage intervention and credentials or experience of the massage professional were not well reported. Six of the trials reported on massage as a stand-alone treatment, with the results noted to be inconsistent. Of the 14 trials that used massage as part of a multimodal intervention, none was designed such that the relative contribution of massage could be determined. The authors concluded that “no recommendations for practice can be made at this time because the effectiveness of massage for neck pain remains uncertain.” The authors noted that pilot studies are needed to characterize massage treatment and establish the optimal treatment to be used in subsequent larger trials.

A Cochrane review was performed with the objective of assessing the efficacy of deep transverse friction massage for the treatment of tendinitis (Brosseau, et al., 2002). The review included two trials: one compared deep friction massage with physiotherapy and the other study had several comparison groups that combined deep transverse friction massage with another treatment and then compared this with yet another treatment. Deep transverse friction massage combined with additional physiotherapy did not demonstrate a consistent, clinically important benefit when compared to a control. Based on these studies, the authors concluded that deep transverse friction massage combined with other physiotherapy modalities did not significantly reduce tendinitis symptoms compared to a control group. Additional well-designed studies are necessary before conclusions can be drawn regarding the efficacy or lack of efficacy of deep transverse friction massage for treatment of symptomatic tendinitis.

A review of the evidence was conducted by American Pain Society and the American College of Physicians in the development of clinical practice guidelines for acute and chronic low back pain (Chou, et al., 2007a). The review included evidence from systematic reviews and randomized controlled trials. In regards to massage, the review found eight unique trials of massage that were included in two systematic reviews. For acute low back pain there was insufficient evidence found to determine the efficacy of massage. The review found fair evidence that massage is similar in efficacy to other noninvasive interventions for chronic low back pain. The evidence was insufficient to determine the effect of the number or duration of massage sessions on efficacy of the treatment.

Summary

Massage therapy, or therapeutic massage, is a therapeutic procedure used in the field of physical medicine and rehabilitation. Few clinical trials have been undertaken to assess the effect of this modality alone in the treatment of specific medical conditions. Rehabilitation programs frequently combine massage therapy with one or more other treatment interventions. While there is scant literature regarding the efficacy of this treatment when used as the sole modality, massage therapy has been a part of physical therapy or chiropractic treatment plans for the management of musculoskeletal pain.

Coding/Billing Information

Note: This list of codes may not be all-inclusive.

Covered when medically necessary when used as one component of a medically necessary and covered comprehensive physical therapy or chiropractic treatment plan:

CPT ^{®*} Codes	Description
97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)

ICD-9-CM Diagnosis Codes	Description
724.00-724.9	Other and unspecified disorders of back
725	Polymyalgia rheumatica
726.0-726.91	Peripheral enthesopathies and allied syndromes
727.00-727.9	Other disorders of synovium, tendon, and bursa
728.0-728.9	Disorders of muscle, ligament, and fascia
729.0-729.99	Other disorders of soft tissues
840.0-840.9	Sprains and strains of shoulder and upper arm
841.0-841.9	Sprains and strains of elbow and forearm
842.00- 842.09	Sprains and strains of wrist
842.10- 842.19	Sprains and strains of hand
843.0-843.9	Sprains and strains of hip and thigh

844.0-844.9	Sprains and strains of knee and leg
845.00-845.09	Sprains and strains of ankle
845.10-845.19	Sprains and strains of foot
846.0-846.9	Sprains and strains of sacroiliac region
847.0-847.9	Sprains and strains of other and unspecified parts of back
848.3	Other and ill-defined sprains and strains, Ribs
848.40-848.49	Other and ill-defined sprains and strains, Sternum
848.5	Other and ill-defined sprains and strains, Pelvis
848.8	Other specified sites of sprains and strains
848.9	Unspecified site of spraining and strain

***Current Procedural Terminology (CPT®) © 2010 American Medical Association: Chicago, IL.**

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Policy History

Pre-Merger Organizations	Last Review Date	Policy Number	Title
CIGNA HealthCare	3/15/2007	0310	Massage Therapy

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