

MEDICAL POLICY – 8.03.506

Massage Therapy


Ref. Policy: PA-236

Effective Date: Jan. 1, 2025
Last Revised: Dec. 9, 2024
Replaces: N/A

RELATED MEDICAL POLICIES:
8.03.501 Chiropractic Services

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Introduction

Massage therapy is the practice of non-invasive manual, or hands-on, movement of body tissue, including muscle, connective tissue, tendons, and ligaments. Through massage therapy, targeted areas of the body experience increased blood flow, improved joint motion, and reduction of tension and pain, thus leading to accelerated recovery of physical ailments. This policy outlines when massage therapy may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Therapy	Medical Necessity
Massage therapy	Massage therapy may be considered medically necessary for the following indications:

Therapy	Medical Necessity
	<ul style="list-style-type: none"> • Individual has functional limitation(s) with at least one of the following: <ul style="list-style-type: none"> ○ Sitting ○ Standing ○ Walking ○ Stair climbing ○ Lifting ○ Working ○ Personal hygiene (washing, dressing, etc.) ○ Driving ○ Sleeping • Individual should have at least one of the following symptoms: <ul style="list-style-type: none"> ○ Ankle/foot pain ○ Forearm pain ○ Hip pain ○ Low back pain ○ Lower leg pain ○ Neck pain ○ Shoulder pain ○ Upper arm pain ○ Upper leg pain ○ Upper/mid back pain ○ Wrist/hand pain • Individual's condition has the potential to improve in response to therapy or is improving in response to therapy • Maximum improvement of individual's condition is yet to be attained • The massage therapy program is individualized and there is documentation identifying attainable treatment goals • Massage therapy services are delivered by a qualified massage therapist appropriately trained and licensed <p>Covered services include, but are not limited to:</p> <ul style="list-style-type: none"> • Swedish massage • Deep-tissue massage • Sports massage • Acupressure

Therapy	Medical Necessity
	<ul style="list-style-type: none"> • Neuromuscular massage • Manual lymph drainage <p>Note: See Related Information below for Limitations</p>

Coding

Code	Description
CPT	
97010	Application of a modality to 1 or more areas; hot or cold packs
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97139	Unlisted therapeutic procedure (specify)
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes

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Related Information

Limitations

Massage therapy is not covered for all other indications including, but not limited to:

1. Post-acute phase of the condition
2. Services for preventative, maintenance, or wellness care
3. Experimental and/or investigational services
4. Vocational, stroke, or long-term rehabilitation
5. Hypnotherapy, behavior training, sleep therapy, or biofeedback



6. Thermography, hair analysis, heavy metal screening, or mineral studies
7. Services related to menstrual cramps
8. Services related to addiction, including smoking cessation
9. Services related to the treatment of infertility

Massage therapy is not appropriate for individuals with bone fractures, deep vein thrombosis, severe osteoporosis, open or healing wounds, or individuals suspected to have blood clots or currently on medication for blood clots.

Evidence Review

Background

Massage therapy is the practice of non-invasive manual, or hands-on, movement of body tissue, including muscle, connective tissue, tendons, and ligaments. Through massage therapy, targeted areas of the body experience increased blood flow, improved joint motion, and reduction of tension and pain, thus leading to accelerated recovery of physical ailments. Studies have also found massage therapy to alleviate anxiety, depression, chronic stress, insomnia, digestive disorders, and migraines.

Massage therapists apply technique using their hands, forearms, elbows, or feet, and may use additional tools such as hot and/or cold packs. According to the National Institute of Health (NIH), the most common form of massage therapy is referred to as Swedish or classical massage; other styles, such as sports, or trigger point massages may specialize in the reduction of muscle spasms and inflammation. There are at least 80 different types of massage techniques. Massage therapy should not be practiced for a prolonged period of time and should be limited to the preliminary phase of injury or illness.

References

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History

Date	Comments
11/21/19	New policy, approved November 12, 2019, effective February 21, 2020. Massage therapy may be considered medically necessary when all criteria are met in this policy and is not intended for prolonged treatment.
01/01/21	Annual review, approved December 1, 2020. No changes to policy statement, references updated.
01/01/22	Annual review, approved December 2, 2021. No changes to policy statement, references updated.
01/01/23	Annual review, approved December 12, 2022. No changes to policy statement. Changed the wording from "patient" to "individual" throughout the policy for standardization.
01/01/24	Annual review, approved December 11, 2023. No changes to policy statement, references updated.
01/01/25	Annual Review, approved December 9, 2024. No changes to policy statement, references updated.



Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.

