

POLICY AND PROCEDURE

POLICY NAME: Massage Therapy Expanded Benefit	POLICY ID: FL.UM.11
BUSINESS UNIT: Sunshine State Health Plan	FUNCTIONAL AREA: Utilization Management
EFFECTIVE DATE: 11/01/2018	PRODUCT(S): Managed Medical Assistance (MMA), Long Term Care (LTC), and Serious Mental Illness (SMI)
REVIEWED/REVISED DATE: 06/18, 7/18, 5/19, 2/20, 6/20; 7/21, 11/21, 12/22, 11/2023	
REGULATOR MOST RECENT APPROVAL DATE(S): Please refer to system of record – Archer	

POLICY STATEMENT:

It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved expanded benefit when medically necessary. Sunshine Health considers coverage of massage therapy when appropriate and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy.

PURPOSE:

The purpose to this policy is to establish clinical criteria on which to review requests for Massage Therapy as an expanded benefit for Sunshine Health's MMA product including those who are Comprehensive members (MMA and Long Term Care with Sunshine Health) and Serious Mental Illness (SMI). The goal is to provide Massage Therapy when medically necessary, as an expanded benefit and to define criteria and limitations established for the use of Massage Therapy. This is unlimited with prior authorization.

SCOPE:

Sunshine Health Utilization Department for Managed Medical Assistance (MMA) product, Long Term Care and Serious Mental Illness (SMI). This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

DEFINITIONS:

Massage Therapy:

Massage involves manual techniques that include applying fixed or movable pressure, holding and/or causing movement of or to the body, using primarily the hands. These techniques affect the musculoskeletal, circulatory-lymphatic, nervous, and other systems of the body with the intent of improving a person's health.

POLICY:

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PROCEDURE:

Review Process

To assist in determining the medical necessity of the Massage Therapy as an expanded benefit, the clinical criteria established in this policy will be applied. A request for medical necessity review is consistent with Sunshine Health medical policies:

- FL.UM.02.01 - Medical Necessity Review
- FL.UM.02 – Use of Clinical Criteria
- Any decision to deny, reduce, suspend, or terminate services must be made by a Sunshine Health Medical Director as outlined in the policy Use of Clinical Criteria FL.UM.02
- Determinations and provider notifications will be made according to the expediency of the case as described in the Timeliness of UM Decisions and Notifications FL.UM.05

Specific Clinical Information/Criteria

It is the policy of Sunshine Health, that outpatient Massage therapy is considered medically necessary to restore muscle function, reduce edema, improve joint motion, or for relief of muscle spasm. Massage therapy is not considered medically necessary for prolonged periods and should be limited to the initial or acute phase of an injury or illness.

In addition to offering massage therapy as an expanded benefit to Medicaid members who demonstrate medical necessity, Sunshine Health will provide medical massage therapy services to members diagnosed with AIDS, and who have had a history of an AIDS-related opportunistic infection, as confirmed by the Agency, for the treatment of peripheral neuropathy or severe neuromuscular pain and lymphedema, based on medical necessity.

Massage Therapy is considered medically necessary when all of the following criteria are met:

Signs and symptoms of physical deterioration or impairment in ≥ 1 of the following areas:

1. Paralyzed musculature contributing to impaired circulation
2. Excessive fluids in interstitial spaces or joints
3. Sensitivity of tissues to pressure
4. Tight muscles resulting in shortening and/or spasticity of affected muscles
5. Contractures and decreased range of motion

If no clinical benefit is appreciated after four weeks of medical massage, then the treatment plan should be reevaluated.

Information Required for Review

Medical documentation to support medical necessity should be submitted with any request for massage therapy as noted above in the “**Specific Clinical Information/Criteria**” section.

The following documentation must accompany the request for initial and continued authorization:

- A. Treatment is ordered by an examining physician and a formal evaluation is conducted by a licensed massage therapist. The evaluation must include the following:
 1. History of illness or disability
 2. Relevant review of systems
 3. Pertinent physical assessment
 4. Current and previous level of functioning
 5. Tests or measurements of physical function
 6. Potential for improvement in the patient’s physical function
 7. Recommendations for treatment and patient and/or caregiver education

Prior to the expiration of the initial authorization period, the requesting practitioner must submit to Sunshine Health’s utilization management department information on the member’s status in order for a review for a subsequent approval.

Limitations / Exclusions

The following limitations or exclusions apply:

- Maintenance treatment, where the member's symptoms are neither regressing nor improving after four weeks of medical massage, is considered not medically necessary.
- Further medical massage treatment is not considered medically necessary if the member does not demonstrate meaningful improvement in symptoms such as increase in functionality and/or decrease in circumference measurements in the affected extremities:
 - decrease in fluids in interstitial space or joints
 - increased range of motion and improvement of contractures
 - decreased sensitivity of tissues to pressure
 - decrease in spasticity and muscle tightening and rigidity
- Member must be 21 years old and older
- Coverage up to the benefit limit
- Massage therapy and physical therapy will not be reimbursed if performed on the same date of service

REFERENCES:

FL.UM.05 Timeliness of UM Decisions and Notifications policy and procedure

FL.UM.02 Use of Clinical Criteria

FL.UM.02.01 Medical Necessity Review and Continuity of Care

Agency for Healthcare Administration, Standard Contract FP060

Northwestern Health Sciences University, Definition Reviewed June 18th 2018

Agency for Healthcare Research and Quality. [Noninvasive Treatments for Low Back Pain](#). AHRQ Publication No. 16-EHC004-EF. February 2016.

Hillier SL, Louw Q, Morris L, et al. [Massage therapy for people with HIV/AIDS](#). *Cochrane Database of Systematic Reviews*. 2010;(1):CD007502. Accessed at [www.cochranelibrary.com\(link is external\)](http://www.cochranelibrary.com(link is external)) on August 18, 2017.

National Center for Complementary and Alternative Medicine (NCCAM). National Institutes of Health. Massage Therapy for Health Purposes: What You Need To Know. September 2006; updated June 2016. Retrieved on November 2, 2018 from <https://nccih.nih.gov/health/massage/massageintroduction.htm>
https://cignaforhcp.cigna.com/public/content/pdf/coveragePolicies/medical/CPG135_Physical_Therapy.pdf

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: Utilization Management

REGULATORY REPORTING REQUIREMENTS: State review and approval required for any substantial changes and upon request

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy developed to meet the needs of new contract requirements: 2018 ITN Readiness Review.	06/18/2018
Policy Update	Updated policy based on expanded benefit and eligibility	07/23/2018
Annual Review	Archer Upload to correct system issue- No content reviewed or revised	05/16/2019
Policy Update	Added contract AHCA language	05/28/2019
Policy Update	Updated references to determine medical necessity	07/25/19
Annual Review	Updated information required for review	2/3/2020
Policy Update	Updated language to state that massage therapy is a benefit for Medicaid eligible adults that demonstrate medical necessity, under the expanded benefit	6/26/2020
Annual Review	Annual Review	7/21/2021
Policy Update	Policy update: Added: SMI product line to coverage and removed. Added: "Unlimited with prior authorization".	11/18/2021
Annual Review	No changes needed	12/08/2022
Annual Review	Updated Policy ID Made minor grammatical changes Added Policy ID and Name to "Footer"	11/2023

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.